Microbe Hunters

By NORA BATESON, Toronto.

This is the title of a book by Paul de Kruif which reads like a tale of thrilling adventures and discoveries.

It is the story of the discovery and exploration of the microbe world, which created a revolution in medical science. A hundred years ago medical science was still in its Dark Age. Many diseases were still regarded by the medical as well as the lay mind as mysterious and awful visitations of God. The Microbe Hunters heralded the dawn when those mysterious powers resolved themselves into microscopic enemies which could be stalked and ambushed and in the end overcome.

Leeuwenhoek: Because he was the first to discover the existence of the microbe world mention must be made of Leeuwenhoek, a Dutchman of the seventeenth century. He ground his own lenses and through them saw wonders. Then the miraculous happened when he turned his lens on to rain water and found it alive with "wretched beasties." After that he found them in all sorts of unexpected places and discovered that the human body was full of them, though he never connected them with human disease.

The seventeenth century was not a scientific age and Leeuwenhoek had no disciples, but during the eighteenth century an Italian, Spallanzani, a born scientist, started experiments on the "little animals" of Leeuwenhoek's discovery. After a lifetime of experiment he convinced himself but not the world that these tiny animals did not arise from dead matter but that they had parents like unto themselves. He was preparing the way for Pasteur.

Pasteur: Pasteur was the Leonardo da Vinci of Microbe Hunters; a most versatile, abundant genius. Born in 1822 he was early a devotee of the microscope. Crystals were his first love and in connection with them he made his first chemical discovery. Soon, however, he forsook crystals for microbes.

It is difficult to write soberly of the achievements with which he shook the world not once but many times. He was not a medical man and his first triumphs were in the practical world of business. A distraught brewer having difficulty with his fermentations came to him for help and he discovered that the mysterious process of fermentation was caused by subdivisible living things—yeasts. Eagerly but with infinite patience he experimented for years on yeasts and in the end earned the gratitude of his countrymen by saving the imperilled wine industry of Eastern France.

Then for six years he battled with an obscure disease which was decimating the silk worms and ruining the silk industry of the south, to find at last that it was caused by a parasite. By his genius he had saved two of France's biggest industries, but all the time his mind was busy with more momentous problems. He had a fixed idea that microbes were the cause of all disease and dreamt of a day when these tiny foes of the human race would be worsted and disease swept from the earth.

Quite by accident Pasteur stumbled upon the epoch-making discovery that

chickens inoculated with a weakened form of the cholera germ obtained immunity against the disease. He realized that this vaccine principle was capable of wide application. At that time the terrible disease of anthrax was wiping out thousands of sheep every year and Pasteur started to work on an anthrax vaccine. After long and patient experiments he perfected his vaccine and he staged a demonstration in Paris. It was a great miracle to the wondering crowds who saw this half-paralyzed man perform his delicate and wonderful experiment. The twenty-four sheep which he had vaccinated successfully resisted the dose of anthrax germs; the twenty-four he had not vaccinated lay dead.

But the greatest triumph of his life came when Pasteur successfully applied the vaccine principle to that most dreaded of all diseases, hydrophobia. It called for great courage to work in this dangerous field and great patience too as the microbe was most difficult to isolate and cultivate. Success came to him at last and his vaccinated dogs proved immune to the disease.

Pasteur, always the tenderest of men, hesitated to experiment on a human being, but when a boy was brought to him badly bitten by a mad dog, and surely doomed, he was prevailed upon to try the vaccine. The boy escaped any symptom of the dread disease and nineteen Russian peasants were treated with equal success. Not only Paris but the whole world shouted its enthusiasm. Here was a man who could cast out devils and explain to the world how he did it.

It was a spectacular climax to a life of the most varied and fruitful activity. Pasteur died shortly afterwards. To science he had opened the door to a new world.

Koch: Meanwhile in Germany a humble practitioner, Koch, was yielding to the lure of the microscope. It had been a birthday present from his wife who hoped thus to divert his restless mind from wild dreams of adventure. The microscope took him on adventures as strange and strenuous and exhilarating as any he had dreamt of. At first he used it as a delightful toy. But his modest practice gave him food for much questioning and his medical training could furnish no answers. And so he turned to his microscope.

The disease of anthrax first riveted his attention. Others had declared it was caused by a microbe but Koch was not one to leap to conclusions. For five years he laboured with amazing patience, forging every link in the chain of evidence, tearing himself reluctantly from his workroom to give his poor patients conscientious if absentminded attention. At the end of five years he had proved the existence of an anthrax germ. He had isolated them, bred them, inoculated guinea pigs and sheep with them, and he went to the University of Breslau to tell of his discovery. Eminent doctors who came to jeer sat dumbfounded. Here was no babbler with a theory but a scientist who proved his case with experiments. Learned as they were in research they could find no flaw, no inexactitude to discredit his discovery.

Pasteur and Koch share the honours in the conquest of anthrax. Koch revealed the enemy which Pasteur battled with and overcame. Unlike Pasteur, Koch took no personal pride in his discoveries. He lacked any trace of self-consciousness. A few days only he stayed at Breslau and then went back to his microscope to hunt down the germ of tuberculosis. This "sly microbe" taxed all his ingenuity and patience and completely absorbed his attention for years. But in 1882 before the Physiological Society at Berlin he told the story of how he had searched out this tiniest and most deadly of microbes, he described its peculiarities and habits and its lurking places.

Once again Koch had laid bare the enemy but the glory of conquest was denied him. He had, however, made that conquest a possibility.

Roux and Behring: Roux, Pasteur's disciple, and Behring, one of Koch's pupils, set themselves to discover a diphtheria antitoxin. Roux sacrificed a whole army of guinea pigs to prove that not the microbe but a poison which it generated, was the cause of this disease. Behring had a theory that there must be chemicals which would destroy the diphtheria bacillus without hurting the patient. Eventually he discovered that iodine trichloride destroyed the germ without utterly annihilating the guinea pigs. It made them sorry spectacles but they did survive the cure. Then out of comparative failure came his triumph for the blood of these survivors he found to be immune to the diphtheria microbe. It could, in short, be used as a diphtheria-killing serum, as an anti-toxin. He turned sheep into factories for the production of this serum and within three years twenty thousand babies had been inoculated and many of them saved.

Metchnikoff: To this Russian Jew, born in 1845, belongs the distinction of putting phagocytes on the map and in the medical dictionary. He was a precocious and irrepressible youth and Darwin's Origin of Species decided his direction; he took to the microscope and started on the study of the simplest form of life found in sea water. He saw that when these organisms were injured there was a rush of white cells to the spot. With one bound he arrived at a theory; that what was true of a simple organism was equally true of the more complicated organism of the human body. When germs invaded it they were attacked and engulfed by the white cells in the blood. These white cells he christened "phagocytes," and proclaimed to the world that they were its valiant defenders against armies of invading microbes. It was more a vision than a discovery but experiments proved that it was true and it meant another revolution in medical science.

Theobald Smith: An American to join the hunt! Theobald Smith was an admirer of Koch and a born scientist. It fell to him to solve the mystery of a strange cattle disease—Texas fever. In his investigations and experiments he showed the same thoroughness and subtlety that characterized all Koch's experiments. He was in his way a pioneer, being the first to show how an insect can carry disease, for Texas fever, he found, was carried not by a microbe but by ticks.

Walter Reed: In the year 1900 American soldiers in Cuba were dying wholesale of yellow fever while doctors looked on helplessly. A Commission with Dr. Reed at the head was appointed to investigate the cause of this pestilence.

There were many theories abroad but the one most ridiculed and derided was that the disease was carried by mosquitoes. It was just this theory which seemed to Dr. Reed the most plausible.

The Commission was faced with a grave problem at the outset, for animals do not take the disease and experiments could only be performed on man. The members of the Commission heroically decided to experiment first on themselves. They knew they were risking their lives but were prepared to make this supreme sacrifice in the cause of science. One of them died and all suffered horribly, but not in vain. They proved conclusively that mosquitoes carried the disease, that it was not contagious, and if the mosquitoes were destroyed the disease would be wiped out. It was a great day for science and the heroes were those volunteers who had with calm courage offered themselves for experiments, most vile as well as dangerous, in the service of humanity.

Erythema Nodosum Among Nurses

By H. B. CUSHING, M.D., Montreal.

Nurses in hospital training schools appear to be peculiarly liable to develop the curious and unusual condition known as erythema nodosum. The disease is a rather uncommon one in general practice and yet is a sufficiently frequent one in training schools to become quite a problem. A survey of the leading training schools in Montreal for five years shows that between one per cent. and two per cent. of the nurses each year develop this disease.

The condition when once seen is quite unmistakeable. There are irregular raised tender blotches or nodes scattered over the regions of the shins and forearms. Bright pink at first, the colour gradually fades through purples and yellows like a bruise. There is almost always irregular fever for about ten days and usually pain and swelling in the neighbouring joints. These symptoms make up a picture that is not easily confused with any other disease. The condition often follows other acute illnesses, such as tonsillitis, coryza, or even typhoid fever. In a few cases the attack recurs in a few months following the same course.

Questions naturally arise as to the cause of the disease, why nurses should be peculiarly liable to it, and whether it has any serious after-effects. So far no one has answered these questions definitely but several theories are suggested.

On the whole nurses in training are very healthy and normal young women, being carefully selected for this reason and usually giving no history of previous serious disease. Experience has shown that they are chiefly afflicted with tonsillitis and respiratory infections, and that the most frequent serious diseases among them are rheumatic fever, pneumonia, appendicitis, tuberculosis in various forms and the exanthemata. Is there any connection between any of these diseases and erythema nodosum?

For many years the explanation of erythema nodosum given in all the text-books was that it was a manifestation of rheumatic fever, probably caused by tonsillitis, and the coincident arthritis was cited in support of this hypothesis. Against this theory, however, it is noted that the patients give no previous history of rheumatism, that they do not develop other rheumatic manifestations afterwards, especially endocarditis, and that they are not benefitted by the usual anti-rheumatic treatment.

A more sinister suggestion has been put forward in recent years which has led us to regard erythema nodosum even more seriously, viz., that it is really a manifestation of tuberculosis. The claim is made that while the condition does not develop during the course of outspoken tuberculosis, it does develop in previously healthy persons who have recently acquired tuberculous infection. Therefore it should be regarded as the first obvious manifestation of the disease, or the visible reaction on the part of the body to tuberculosis, and it is claimed that many of the cases showed serious tuberculous lesions later. Many articles are to be found in the medical literature of the past ten years endeavouring to establish this theory. The suggestion is made that the previously healthy young nurses acquired the tuberculous infection in the course of their duties among the sick, being rendered susceptible by their necessarily confined life, that erythema nodosum is an obvious danger signal, that most of them

overcome the infection but others succumb later to various forms of tuberculosis.

The writer has collected the histories of fifteen nurses who had suffered from erythema nodosum during their training two or more years previously and whose later history was known. Of these fifteen, one died of tuberculous meningitis, one developed pulmonary tuberculosis and the third a tuberculous pleurisy with effusion. The remaining twelve remained healthy. These small figures do not prove anything, but at least they give food for serious thought.

Until some better explanation is found or the association of erythema nodosum with tuberculosis disproved, it seems as if the condition should be treated seriously, that a more or less prolonged rest be insisted on and the health of the patients supervised with special care afterwards.

Canada's Tribute to Jenner

By A. EDITH FENTON, Halifax

For his momentous discovery of vaccination, for protection against smallpox, Edward Jenner had very many honours bestowed upon him. Before 1812, he had been made an honorary member of nearly every scientific society in Europe, and had received the freedom of the cities of London, Edinburgh, Dublin and Glasgow. The Medical Society of London presented him with a gold medal struck in his honour; in Berlin in 1812 there was a Jennerian festival on the anniversary of the vaccination of James Phipps, who was the subject for Jenner's most momentous but justifiable experiment. Addresses and diplomas were showered on him, and in 1813 the University of Oxford conferred on him the degree of M.D. honoris causa.

Monarchs, governments, the clergy, the most diverse climes, races, tongues and religions, united in showing their gratitude to the Englishman whose patience, genius and absence of self-seeking had rid them of the detestable world plague of smallpox. Napoleon voted one hundred thousand francs for the propagation of vaccination. The Empress of Russia, Catherine II, was one of the greatest supporters of Jennerian vaccination. She decreed that the first child vaccinated in Russia should be called "Vaccinoff," should be conveyed to Petrograd in an imperial coach, educated at the expense of the state, and receive a pension for life.

The only known tribute from Canada came from the Five Nation Indians, who on November eighth, 1807, met at Fort George in Upper Canada, and forwarded to Jenner the following letter:

"Brother:

Our Father has delivered to us the book you sent to us to instruct us how to use the discovery which the Great Spirit made to you, whereby the smallpox, that fatal enemy of your tribe, may be driven from the earth. We have deposited your books in the hands of a man of skill whom our Great Father employs to attend us when sick and wounded. We shall not fail to teach our children to speak the name of Jenner and to thank the Great Spirit for the bestowing upon him so much wisdom and benevolence. We send with this a belt and string of wampum in token of our acceptance of your precious gift, and we beseech the Great Spirit to take care of you in this world and in the land of spirits."

A Nurse's Jubilee

"The Editor's Jubilee of Professional Work" is the caption to the leading editorial in *The British Journal of Nursing* for April, 1928. This article records briefly what has been accomplished through the efforts of Mrs. Bedford Fenwick in the nursing profession since she entered a hospital as a paying probationer on April 1st, 1878.

In searching for a message to the graduates of 1928 it was decided that no more fitting message could be found to the young nurses of Canada than to refer them to this editorial, which is published in full:

"The publication of the current issue of *The British Journal of Nursing* brings with it the opportunity to place on record the fact that the Editor attained her Jubilee of fifty years' professional work and service as a member of the nursing profession on April 1st, 1928.

"Mrs. Fenwick (then Miss Ethel Manson) entered the Children's Hospital, Nottingham, as a paying probationer on April 1st, 1878. From September, 1878, to September, 1879, she was trained as a paying probationer at the Royal Infirmary, Manchester, when she was offered and accepted the position of Sister of Charlotte Ward at the London Hospital, then containing fifty-three beds.

"On April 1st, 1881, she was appointed, at the age of four-and-twenty, Matron and Superintendent of Nursing at St. Bartholomew's Hospital, London, upon the recommendation of the then treasurer, Sir Sidney Waterlow, who had personally visited, without notice, the wards in her charge, even inspecting the cupboards, and acquainting himself with the opinion of the committee and medical staff as to the standard of her work.

"From 1881 to 1887 Mrs. Fenwick spent six strenuous years in organizing the Nursing School at St. Bartholomew's Hospital, instituting the three years' term of training, adding to the examination a test in practical nursing, and awarding marks for personal devotion to the sick, ward management, and a high standard of personal discipline.

"Under her recommendation a gold medal was annually awarded to the nurse who attained the highest standard of knowledge and conduct—an incentive to a high standard of training which is still in force.

"In 1887 Miss Manson married Dr. Bedford Fenwick, and in that year they conjointly promoted the British Nurses Association for the organization of the nursing profession, to be obtained ultimately by Act of Parliament for the State Registration of Nurses, enforcing a standard of training controlled and examined by State authority.

"The forty years dating from 1887 to the present time have found Mrs. Fenwick actively engaged in strenuous public duty, first working for the Royal Charter for the Royal British Nurses Association, and from 1893 as the Hon. Editor of *The British Journal of Nursing*. In 1904 she drafted the first Nurses' Registration Bill, the basis of the Acts passed in 1919, which incorporated her suggestion for the government of the nursing profession by a General Nursing Council. Upon the first of these councils for England and Wales she was invited to act, by the then Minister of Health, during which term of office she put forward a scheme for the organization of the work of the council by standing committees, helped to draft the rules, and designed the form for the Nurses' Public Register, including

the qualification of existing nurses, as issued under the authority of the General Nursing Council for England and Wales.

"In 1899 Mrs. Fenwick proposed, in London, the organization of the International Council of Nurses, which in less than thirty years has federated the professional organizations of nurses throughout the world.

"As President of the British College of Nurses—endowed with the gift of £100,000—Mrs. Fenwick hopes to encourage a just sense of professional and personal responsibility in the nursing profession in Great Britain, through self-government, a privilege enjoyed by trained nurses in the majority of the dominions, in the United States of America, and in many European countries.

"The policy of *The British Journal of Nursing* during her term of office as active working editor has been largely responsible for the demand for legal status throughout the world, for higher technical and practical education for nurses, in their devoted service for the sick, and for high standards of public health.

"Good health and high spirits are the blessings for which Mrs. Fenwick thanks God, which have made life for her a splendid experience, and it is these combined blessings she wishes humanity to enjoy to the fullest extent, and which women engaged in the privileged profession of nursing have largely in their power to promote.

"Honest labour wears a lovely face."

Meeting of the International Council of Nurses, 1929

The Publicity Committee of the Committee on Arrangements for the Congress, 1929, of the International Council of Nurses, has sent the following information, together with a beautifully illustrated booklet of views of Montreal and its environs, to all national organizations of nurses affiliated with the Council:

The Sixth Regular Meeting of the International Council of Nurses will be held in Montreal from July 8th to July 15th, 1929. It is expected from five to seven thousand nurses from all parts of the world will be present.

A brief historical record of the Council and its aims may be of interest to those planning to attend the meeting.

The International Council of Nurses which is the title of the Federation of National Associations of Nurses was founded in London, England, in 1899, by Mrs. Ethel Bedford Fenwick who was also the first president. No affiliation of national associations took place until 1904 when Great Britain, the United States and Germany were affiliated. At the last quadrennial meeting held in Helsingfors, Finland, in 1925, nineteen countries were represented on the Council as affiliated associations.

The voting body of the Council is known as the Grand Council, which is composed of the executive officers of the Council and the presidents and four delegates from each national organization.

The aim of the Council may be summed up in a quotation from the front page of the Council organ—"The essential idea for which the International Council of Nurses stands is self-government of nurses in their associations, with the aim of raising ever higher the standard of education and professional ethics, public usefulness, and civic spirit of their members."

Committee on Arrangements

The Committee on Arrangements of the International Council of Nurses has opened a provisional office at the Royal Victoria Hospital, Montreal, and will be very glad to give information or help to those planning to attend the 1929 meeting.

Arrangements are being made for accommodating the visitors during the congress in Montreal, and in order that a sufficient number of rooms can be secured it is important to know approximately how many will attend.

Applications for rooms should be made early, and through the Committee on Arrangements. When applying please write a brief application indicating:

1. Name, address and position of applicant.

2. Type of room desired in Montreal.

3. Probable date of arrival and length of stay.

The Province of Quebec and the Nursing Organizations of Canada are awaiting the opportunity to welcome the visiting nurses to Montreal and nurses are urged to plan their holidays so that they will be in Montreal for the week beginning July 8th, 1929.

Anyone who may plan to come to Montreal by motor and who is not familiar with the routes can obtain information by applying direct to the Montreal Tourist and Convention Bureau, Inc., New Birks Building, Montreal, when particulars concerning the roads and routes will be given and maps furnished by Mr. Geo. A. Grafftey, convention manager.

Miss M. F. Hersey, superintendent of nurses, Royal Victoria Hospital, Montreal, is acting convener of the Committee on Arrangements.

Montreal The Convention City—Par Excellence

No city in the new world offers the convention visitor so great a range of historic, scenic and recreational interest, combined with the conveniences and amenities of a present day metropolis, as does Montreal, Canada's largest city and the financial, industrial, commercial and transportation headquarters of the northern half of the North American continent. The population of Greater Montreal (census, 1927) is 1,129,783.

Side by side with the sturdy buildings erected in the seventeenth and eighteenth centuries stand striking examples of modern construction; triumphs of engineering skill like the Victoria Bridge, the new Harbour Bridge and the Mount Royal tunnel contrast strangely with the city's myriad associations with the intrepid French Canadian pioneers who by canoe or afoot explored the middle of the continent and founded some of the greatest of the Canadian and American cities.

In or near Montreal are sites or actual structures recalling vivid memories of explorers, missionaries and soldiers who are inseparably bound with the history of the two sister nations, for they were the first to blaze the trail of civilization in the vast territory which now comprises central Canada and the Middle West of the United States.

Scenically the city of Montreal has enviable advantages. Occupying more than half the island of the same name, situated at the confluence of the St. Lawrence and Ottawa Rivers, the city has grown around the stately eminence of Mount Royal, whose sides and summit form a wooded park of 475 acres.

From the Mountain Park is gained a glorious panorama of rivers, lakes and countryside, with views of the Laurentians and the Adirondacks. A notable addition to the city's beauty spots will be St. Helen's Island when made accessible soon to motor, tram and foot passage by the new Harbour Bridge.

Montreal's dual population of English and French-speaking citizens give it a cosmopolitanism of spirit that makes it distinctive among the cities of the world, blending the attributes of Canadian, British, American and European centres. In the country regions a few miles away may be found scenes and character types which recall vividly the Brittany and Normandy of two centuries ago from whence came the ancestors of the habitants of today. Wayside shrines, thatched barns, well sweeps, roadside bake-ovens, yoked oxen, weavers, spinners, wood carvers and other handicraft workers, all breathe the spirit of an earlier and less favoured age.

Though 1,000 miles from the Atlantic, Montreal is one of the world's premier seaports, ranking next to New York on this continent for volume of trade, and leading it and all other ports of the world in grain shipments.

Montreal is the gateway to the Laurentians, a mountain playground thousands of square miles in extent, a paradise of nature dotted with gem-like lakes, rushing streams, soaring peaks, smiling valleys, and primitive forest in which deer, moose and other species of game abound.

Tentative Programme
Biennial Meeting, Canadian Nurses Association, 1928

TUESDAY, JULY 3rd

8.00 a.m.—Registration.

9.00 a.m.—Executive Committee meeting.

Opening Session, 11 a.m.

1. Call to order.
2. Reading of minutes of last General Meeting.
3. Acting President's address.
4. Report of the Honorary Secretary.
5. Report of Executive Secretary.
6. Financial statement Canadian Nurses Association.
7. Appointment of Resolutions Committee.
   Appointment of Scrutineers.
   Appointment of Press Representatives.
4. Roll Call.

Afternoon Session, 2 p.m.

1. Reports of Standing Committees:
   Arrangements.
   Membership.
   Programme.
   Publications.
2. Reports of Special Committees:
   Study: Dual Membership in the C.N.A.
   Study: Affiliation of the C.N.A. with the C.M.A.
   Study: Joint Committee on Nursing.
   Study: Need of more Public Health Nurses in Canada.
   Study: Subsidiary Type of Nurse.
   Study: Question of Pooling Travelling Expenses.
   Crest for the C.N.A.
   National Enrollment of Canadian Nurses for Emergency Service in times of disaster, war, etc.
3. Reports of Representatives to Meetings of National Societies with which the C.N.A. is affiliated.
4. Discussion of Reports.

Evening Session, 8 p.m.

(Open Meeting)

Chairman: Miss A. E. Wells, President of the Manitoba Association of Graduate Nurses.

Invocation: Major W. Robertson, Garrison chaplain, M.D. No. 10.

1. Address of Welcome:
   His Worship Mayor McLean, of Winnipeg.
   Hon E. W. Montgomery, M.D., Minister of Health and Public Welfare for Manitoba.
   President of the Manitoba Medical Association.
2. Response to the Addresses of Welcome:
   Miss M. F. Gray, Acting President, Canadian Nurses Association.
3. Selection by the Glee Club, Winnipeg General Hospital.
4. Addresses:
   Miss Jean I. Gunn (Chairman, Nursing Education Section).
   Miss Elizabeth L. Smellie (Chairman, Public Health Section).
   Miss Emma Hamilton (Chairman, Private Duty Section).
5. Selection by Glee Club, Winnipeg General Hospital.
6. Address: Prof. R. C. Wallace (University of Manitoba).

WEDNESDAY, JULY 4th

Morning Session, 9 a.m.

1. Unfinished business.
2. Report of The Canadian Nurse.
3. Round Table on The Canadian Nurse.
4. Report of Arrangements Committee, International Council of Nurses, Congress, 1929.
5. Reports of Federated Associations.

Afternoon Session, 2 p.m.

Business sessions of the
(1) Nursing Education Section.
(2) Public Health Section.
(3) Private Duty Section.
(To be held concurrently.)

On Wednesday evening the delegates and visiting members will be guests of the Manitoba Association of Graduate Nurses at dinner, which will be followed by a reception and dance.

THURSDAY, JULY 5th

Morning Session, 9 a.m.

Private Duty Section.

9-10.30—Group Nursing: from the standpoint of
(a) the patient.
(b) the doctor.
(c) the nurse.
(d) the hospital.

10.30-12—Maternal Mortality: by
(a) a doctor.
(b) a nurse.

Afternoon Session, 2 p.m.

Nursing Education Section.

2 p.m.—The Organization of Community Interest in Nursing Education from the standpoint of
(a) the public.
(b) the hospital.
(c) the medical profession.
(d) the nursing profession.

(Note: Ten-minute papers followed by general discussion).

3 p.m.—The Nurse and Her Opportunities: Miss Elizabeth L. Smellie.

3.30 p.m.—The Student Nurse as a Teacher of Health.

4 p.m.—Round Table: Methods of Increasing and Improving Ward Teaching.

Evening Session, 8 p.m.

Chairman, Miss M. F. Gray, Acting President.

Addresses by:

(1) Hon. R. A. Hoey, Minister of Education of Manitoba.

(2) Miss Ruth Hallowes, Director of Education, College of Nursing, London, England.

(3) Dr. A. T. Mathers, Provincial Psychiatrist for Manitoba.

FRIDAY, JULY 6th

Morning Session, 9 a.m.

Nursing Education Section.

9-10.30 a.m.—Round Tables "A," "B," and "C" (conducted simultaneously).

Round Table "A"—for Superintendents of Schools of Nursing.

Topics—30 minutes each:

1. Education Entrance Standards.
2. University Schools of Nursing.
3. The Possibility of Organizing Central Echools for Preliminary Courses.

Round Table "B"—for Supervisors and Head Nurses.

Topics—30 minutes each:

1. Staff Conferences.
2. The Educational Value of Institutes and Similar Short Courses.
3. The Place of the Head Nurse in the Educational Programme of School of Nursing.

Round Table "C"—for Instructors in Schools of Nursing.

Topics—30 minutes each:

1. How May the Habit of Study be Developed in the Student Group?
2. Evaluation of Various Types of Examination Question.
3. Teaching of Clinical Nursing.

10.30 a.m.—**General Session of Nursing Education Section.**

10.30 a.m.—The Education Programme of Nursing, England: Miss Ruth Hallowes.

11 a.m.—The Qualifications and Preparation of the Teaching Staff in the School of Nursing.

11.45—Unfinished business.
Election of Officers.
Reports from Round Tables.
Reports of Resolutions Committee.
Introduction of Elected Officers.

Afternoon Session, 2 p.m.

Public Health Section. (Open Session).

1. The Nurse as a Teacher of Infant Care:
   (a) Fundamental Principles of Teaching: Miss Ruby M. Simpson (Director, School of Hygiene, Saskatchewan).
   (b) The Mother on the Maternity Ward: Miss C. V. Barrett (Superintendent, Royal Victoria Maternity Hospital, Montreal).
   (c) The Young Mother at Home: Miss C. deN. Fraser (Winnipeg).
   (d) The Mother and Big Sister in the Home. (Speaker not announced.
   (e) The Big Sister at School. (Speaker not announced).
2. Public Support of Nursing Services. (Speaker not announced.)

Evening Session, 8 p.m.

Public Health Section. (Open Session).

Chairman: Miss Elizabeth L. Smellie.

1. The Child Welfare Activities of the League of Nations: Miss Charlotte Whitton.
2. What a Department of Public Health Expects of the Nursing Profession: Hon. E. W. Montgomery (Minister of Health and Public Welfare for Manitoba).

SATURDAY, July 7th

General Session, 9 a.m.

1. Unfinished business.
2. Election of Officers.
3. Report of Resolutions Committee.
4. Adjournment.

Afternoon Session, 2 p.m.

Executive Committee meeting.

Rates for hotels easily accessible to convention headquarters are:—

The Fort Garry:

Room without bath, 1 person	$3.00
Room without bath, 2 persons	5.00
Room with bath, 1 person	4.50
Room with bath, 2 persons	6.00

The Royal Alexandra:

Room without bath, 1 person	$3.00
Room without bath, 2 persons	5.00
Room with bath, 1 person	4.50
Room with bath, 2 persons	6.00

The Marlborough:

Room without bath, 1 person	$2.00 up
Room without bath, 2 persons	3.50 up
Room with bath, 1 person	3.00 up
Room with bath, 2 persons	5.00 up

Reservations should be made at an early date to assure delegates of comfortable accommodation.

Canadian Conference on Social Work

By KATHLEEN D. G. KING, Child Welfare Association, Montreal

The first Canadian Conference on Social Work was held on April 24th, to 27th, 1928, at the Mount Royal Hotel, Montreal. The organizations responsible for the conference were the Social Service Council of Canada, the Canadian National Committee on Mental Hygiene, the Canadian Association of Social Workers, and the Canadian Social Hygiene Council. Meetings were held in both English and French. The divisional sessions: Health, Family, Children, and the Organization of Community Forces were held in the mornings. These were followed by luncheons, which were addressed by speakers honoured in their own fields. Round table discussions were arranged for each afternoon, where points of interest of that particular day were "threshed out." The evening sessions were as full and interesting as the daily ones, and one wondered how their neighbours could appear to absorb so much—day after day.

The honorary presidents were: Dr. Helen R. Y. Reid, of Montreal, and Dr. C. J. O. Hastings, of Toronto; President, Dr. C. A. Dawson, Montreal; the Divisional Chairmen: Health, Dr. C. M. Hincks; Family, F. N. Stapleford; Children, Robert E. Mills; Organization of Community Forces, Rev. J. Phillips Jones.

The registration was 424 delegates and 710 registrations, which included representatives from every province, of which there were two from British Columbia, two from Prince Edward Island, and thirteen from Nova Scotia.

The interest of the Conference was deepened by such leaders as Miss Ruth Hill, associate executive secretary, American Association for Organizing Family Social Work, New York City; Dr. Donald Armstrong, assistant secretary, Metropolitan Life Insurance Company, New York City; Rev. Abba Hillel Silver, D.D., The Temple, Cleveland; and Mrs. Edith M. H. Baylor, Children's Aid Association, Boston. Perhaps of these Miss Ruth Hill was the most generous, contributing a paper almost every day. Although changes in the programme were necessary, there was no apparent break, as someone always delivered a polished paper. (Do all delegates come to conference armed?)

The sessions of Family and Children's Divisions were generally held jointly, while the Community Forces Division met in another room. The organization seemed almost perfect enough to remind one of the circus. Alighting from the elevator one registered and passed into the alley, which was lined with exhibits, posters and free literature stalls; not to mention information booths, as to trains, schedules for entertainments, etc. Then a blackboard told of changes in the day's programme, and from posters one chose the papers they would (or could) hear. The one regret of the Conference seemed to be that the papers were so interesting and numerous that the discussion time was short. A suggestion was heard that the next conference should be all discussion and no papers. For the out-of-town delegates, the hotel accommodation was very pleasant, and the comment was overheard that some of the "private discussions" were the most helpful, as the acquaintances formed are links by which social work and workers are welded together. . . .

Might the writer venture to mention what appeared to be the outstanding notes of the conference? Less specialization in handling the problems of the individual, stressing rather the family. Closer co-operation: the word "co-operation"

seemed to have developed further; "coalesce" was said to be the conference motto. Nevertheless, this conference brought together church and community forces, without distinction of race or creed, as never before in Canada. Also the fact that in many instances, private organizations are looking to the governmental organizations for their leadership. In the Health Section, which is of the greatest interest to nurses, emphasis was placed on the necessity of combining mental hygiene with physical and social hygiene. The individual must be considered as a whole, in relation to his environment. The I.Q. is not the end.

The problem of immigration was dealt with from many angles. This being the root cause of many of our social difficulties, occupied one of the most enthusiastic round table discussions of the conference. This round table was ably led by Dr. Helen R. Y. Reid, who has given much time and study to this problem, and is known to every reader of *The Canadian Nurse* not only for the contribution she has made to social work in Canada but for the interest, help and inspiration which she has given to our Canadian nursing organizations.

The organization of community forces had one whole morning devoted to Interpretive Publicity, and a round table discussion devoted to Publicity Technique. If social work and social workers are to receive the support of the community they must become articulate. The community must know what they are doing. In this Canadians seemed to have fallen far short of our neighbours to the south. The one definite criticism heard of the conference was that not enough time was devoted to rural conditions.

It may be fitting to mention the entertainment last, but many of the representatives openly avowed it did not take the least place in their plans. One goes to conference to enjoy oneself—both in work and play—to renew old acquaintances and form new ones. As Miss Ruth Hill was heard to remark: "To see if one looks as her letters sound." Many representatives visited old fields and many were met by scores of invitations. The programme of entertainment included a reception by the Civic Government of Montreal; a drive, which was to some of our visitors their first introduction to our old historic city; teas, tendered by industrial concerns and by institutions, and last but not least, the conference luncheons and dinners. The closing dinner brought together church, state and lay representatives from every province of the Dominion. The Conference, undertaken with some misgivings, confirmed the hopes of the most optimistic. Dr. C. M. Hincks is the new Conference President for the next meeting, which is to be held in Ottawa in 1930.

INTERNATIONAL ANTI-TUBERCULOSIS CONGRESS

The Sixth International Anti-Tuberculosis Congress is to be held in Rome in September, 1928. Concurrently with this Congress an International Nursing Reunion will be held from September 25th to 28th. The International Council of Nurses have been invited to attend this Reunion and all nurses are cordially invited to be present. Canadian nurses who are planning to be in Europe in September should arrange to be in Rome for this Congress. The name and address of the general secretary of the Reunion is Miss Itta Frascare, Via Toscana 12, Rome, Italy.

Values in Public Health

By SIR ARTHUR NEWSHOLME, K.C.B., M.D., Former Principal Medical Officer, Local Government Board for England and Wales

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It is proposed to submit some considerations bearing on the several departments of public health work, as they present themselves to one who for more than forty years has been engaged in assessing the relative value of public health possibilities and in promoting their realization in actual work. In such a survey only the outstanding points can be taken up.

Public health measures directed to improving child health are more fruitful than any others in securing adult fitness for useful life.

Rickets is one example which is worthy of more detailed reference. The importance of this disease, both as an enemy to child health and as a source of extreme danger in the subsequent childbearing of women, is even yet inadequately recognized. It is a very common disease, and we know that it greatly increases the danger to life when other diseases occur to which children are liable. Whooping cough, measles, and diarrhoea are especially fatal to rickety children; and the prevention of rickets will mean the saving of hundreds of thousands of children whose lives are now sacrificed to these diseases. Furthermore, rickets is the cause not only of pelvic deformities, but also of deformities of spine and weight and impaired intellectual development for any given age.

The exact connection between rickets and the occurrence of excessive catarrhs followed by adenoids is perhaps doubtful, but there is no doubt that the sunbaths and cod liver oil which prevent rickets will also greatly reduce the occurrence of catarrhs, and so further reduce the toll of deaths from catarrhal affections and of adult inefficiency in those who survive. This is not the complete story of the mischief wrought by rickets. Rickets is the chief agent producing pelvic contraction and deformity, with resultant difficult and complicated parturition, often necessitating operative aid or even Caesarean section. If our present excessive puerperal mortality is to be reduced it is indispensable that antenatal clinics should be made available for a large part of the total population, skilled medical advice being given to anticipate and prevent complications in childbirth, one object being the early recognition of pelvic contraction and the management of parturition in accordance with the findings.

But how much better would it be to begin 20 or 30 years earlier the prevention of that large part of childbed mortality due to rachitic deformity of the pelvis; to begin during the first postnatal year of the future mother's life, and it may be added during the future mother's antenatal life? It is within the power of preventive medicine practically to banish rachitic pelvic deformities and thus greatly reduce puerperal mortality. True, we may not be able to measure results in the next year's health officer's reports; but we will all agree that reason and science demand an intensive campaign in favour of the demonstrated and certain means for preventing this serious disease.

A valuable scientific demonstration of what can be done in this direction is being made in New Haven under the auspices of the U.S. Children's Bureau in conjunction with the pediatric department of the Yale School of Medicine and the local health organizations, which will repay watching. There is no valid reason why in every area active antirachitic measures should not be started, with the well-founded expectation that action on these lines will not only eliminate rickets, but will also reduce the catarrhal infections which have hitherto proved so intractable.

You will, I hope, agree that we may now enunciate a second aphorism, viz.:

A sure way of decreasing childbed mortality is to make cod liver oil a regular item in the dietary of the mother during the first year of her life.

But we have not exhausted this question of the inter-relation between infant health and adult health. Reference has already been made to tuberculosis and syphilis as two arch-enemies to life and health in adult life. In the first three years after birth they are even more so; and no scheme of child hygiene work is satisfactory which does not include within its activities the prevention of these infections, conjointly with the work in the anti-venereal and anti-tuberculosis divisions of public health administration. Much tuberculous infection in childhood has been due to infected milk, and we are being increasingly protected against this. Much more continues to be due to the exposure of each child, especially in tuberculous families, to serious risks from tuberculous adults, before partial immunity against infection has been acquired. A chief problem of the anti-tuberculosis campaign and of child welfare work alike is how to minimize this infection during the first three or four years of life. The share borne by syphilis in causing the serious loss of child life and also various forms of mental defect and feeblemindedness in children, is being increasingly realized.

We can therefore advance a further generalization, namely:

A public health problem is commonly another problem in disguise.

It is only by appreciating the close interrelation indicated by this aphorism and by acting upon this knowledge that we can hope to secure satisfactory results in the diminution of disease and the enhancement of health.

The close interlocking of public health problems is further illustrated by the essential dependence of the health of the child on that of its mother. This has already been illustrated in the case of rickets. But apart from what can be done in infancy to protect the future mother's health and life, many other measures are still needed to safeguard the mother's health before, during and after childbirth. As public health workers, we cannot say that we are doing a tithe of what can be done to this end. An analysis of the deaths during pregnancy and associated with parturition shows that they are largely preventable; but they are not prevented. It is scandalous that in England three, in some parts four or even six, mothers die for every 1,000 infants born alive; while in this country the position is even worse. It is not that either country cannot afford to take the necessary measures, least of all this country. It must be that we are ignorant or careless or callous, or that we are singularly inefficient in "selling" our special knowledge to the public. It is our duty to see to it that no reason for inactivity shall remain except persistent hardness of heart.

The facts cry out for reform; and every motive associated with the sacred work of maternity is implicated in the needed reforms. And yet it remains unnecessarily true that childbearing continues to be a dangerous occupation; and that, in fact, it causes as many deaths among women at child-bearing ages as do all the industrial accidents of men at the same period of life.

This is not all. The greater part of infant mortality occurs within a month of birth; in addition an even larger number of infants are stillborn, for whom life in more favourable conditions would be possible. Much of this extremely heavy but avoidable loss of infant life and of the associated injury to mothers, sometimes fatal, is caused by the injudicious and improper management of parturition; and the remedy consists in the provision of satisfactory, skilled antenatal care for every mother. Nothing short of this should be consistent with our ability to sleep quietly in our beds, once we have realized this gigantic evil. Will the urgent reform needed permit in any state the practice of midwifery to be continued by "handy women" and midwives, for whom usually little or no training is provided? For those above the poorest class midwifery too often is

practiced by too busy medical practitioners; and what is needed is a trained maternity nurse for every parturient woman to watch the normal course of parturition, calling in—if necessary at the public expense, as in England— a skilled medical accoucheur when needed. The essential need for safe childbearing is skilled medical diagnosis antenatally, and the reform here foreshadowed, far from diminishing the need for medical aid, will necessitate the expenditure of public money in this direction and in insuring that for the very poor, satisfactory maternity nurses may be everywhere available.

Permit, then, a further aphorism:

No section of the community—whether it be medical, non-medical, or concerned in public administration—can justify itself before the court of humanity in the possession of means for enhancing the public health unless it adopts every available measure for securing the practice of these means.

Were space allowed, it would be our desire to carry this statement of principle into other branches of medicine, and especially as related to the defects and diseases discovered in pre-school children and in children attending schools. Only brief allusion can be made to the vast number of cases, to mention no others, of serious dental disease, of enlarged tonsils and adenoid growths which after being detected remain untreated. Let us at this point interpolate the remark:

No systematic public health report on a community should be allowed to pass muster which does not record the proportion of defects discovered in which all possible remedial measures have been applied. How many public health reports are able now to do this? . . . .

We may at this stage then formulate a further aphorism:

When measures of personal hygiene for public health have failed to prevent the beginnings of disease, it is the duty of public health administration to insure that every individual who, without this provision would remain inadequately treated, shall have access to forms of treatment which are needed to prevent the later consequences of disease as shown in personal and social inefficiency. . . .

Of course, it would be more satisfactory if the conditions necessitating treatment to prevent further disease and its consequences could always be prevented; but to rest barrenly content with this aspiration is as foolish as would be a health officer who refrained from controlling a typhoid carrier because he could not discover the source from which the carrier derived his infection. The community which allows physical disease to be discovered without insuring treatment is responsible for a vast amount of ill-health, for the production of artificial stupidity in children, for persistent deafness and defects of vision, for various focal infections, and for much tuberculosis and cardiac disease.

In bringing about this result it is the bounden duty of every socially minded person to become an active politician in respect to every form of local and national government, in order that the pioneer work which will always be initiated and promoted by voluntary societies may increasingly become part of each local health organization and be supported out of general funds. We cannot rid ourselves of responsibility by standing aside and taking no part in government.

This leads to the statement of the last aphorism which shall be submitted for your consideration. It is this:

Among the enemies of the public health against which we have had relatively little success, are those especially in which character and conduct are concerned.

As public health workers, we devote much time and ingenuity to publicity work, and this does good, so long as we follow Dr. C. V. Chapin's advice: "For the sake of those who come after, stop filling your columns with tommyrot, hot air and dope". But the best educator is he who waits on and aids the development of the human mind. The basic need is to train the behaviour of the individual in the varying circumstances of life; it is the lack of this training which is responsible for the continuance of a large amount of preventable disease. We need to seize

on morality as an economic and hygienic motive, and so to train every growing boy and girl that each one may secure complete control over the thickly populated but well-disciplined crowd of ancestors who are thronged within each human brain.

Character training is the most important, but the most neglected, part of our educational and hygienic work, from the cradle to the university. This is true in all branches of public health work. A sensitive conscience will prevent us from neglecting our duties as citizens to help in securing good work in every branch of administration. It will greatly reduce the carelessness which leads to the dissemination of tuberculosis, and still more it will fortify the moral and racial motives which are needed to eliminate venereal diseases. In this instance, we are dealing with a chief passion of humanity, and are concerned with the whole problem of self-control. This cannot always be successfully taught in the presence of an urgent temptation. It should have been built up from earliest infancy by steady and wise discipline, by the use of play and the community spirit in initiative and forming habits of control, by a cultivation of the moral and spiritual attitude which constitutes the chief hope of the future in public health as well as in other concerns of life. Venereal diseases are instances in particular because these diseases are perhaps the best public health example of the need: for the third end of public health work, as of all social endeavours, is to cultivate the best mental and moral potentialities of each individual.

Whether by moral education alone or by this combined with judicious compulsion for the laggards in civilization and morality, an increasing sensitiveness of the average conscience and an ever-increasing desire to ameliorate our remaining evils, are now growing in the community, and I do not doubt that we are progressing to a higher future in which selfishness will become less rampant in human affairs and in which the communal welfare will be the desire and aim of every unit of the population.* To the pessimistic view that we are "going to the dogs," I prefer the view expressed by Tennyson as embodying the real outlook: "This fine world of ours is but a child yet in the go-cart."

Provincial Association Series : Saskatchewan Registered Nurses Association

By RUBY M. SIMPSON, Regina

The Saskatchewan Registered Nurses Association was incorporated in March, 1917. To the recent young graduate of the province such a statement is a statement only. To those with an insight deepened by experience it suggests a background of purposeful effort, the history of which we are all too prone to forget.

Until a few years previous to this date there had been no nurses organization in Saskatchewan. In the very young, but rapidly growing province, the training schools were also young, with no well established Alumnae Associations as in the older parts of Canada. Early in 1911 a small group of nurses met in the old General Hospital in the city of Regina, conscious of the need of a medium through which the aims and ideals of their profession might be expressed. A con-

stitution was drawn up and with Miss Clarihue, superintendent of the Regina General Hospital, as president, the first nurses' association was organized. Although the ultimate aim was a provincial organization, as suggested by the name chosen, the original effort was entirely local. Meetings were held monthly, with an excellent attendance and keen interest indicated by the records. The annual meeting of 1914 reports members present from points outside of Regina, while that of 1915 shows delegates from local associations in Moose Jaw and Saskatoon. In 1916 the annual meeting was held in Prince Albert, when the first provincial constitution was outlined, stating the objects of the Saskatchewan Graduate Nurses Association as "the advancement of the educational standards of nursing, the maintenance of the honour and standing of the profession, and the furtherance of the necessary legislation thereof." Miss Jean E. Browne was elected president.

The years of the war left the Association depleted in numbers but strong in patriotic fervour. The Saskatchewan unit was organized for overseas service, with Miss Jean Urquhart as matron. Those remaining continued not only their regular monthly meetings, but also met weekly to do their share of relief and Red Cross work.

The struggle for registration began almost with the beginning of the first organization, as shown by the records from the year 1913. It was discussed in every session of the 1914 annual meeting and legal advice was sought in that year in the framing of the bill. The years 1915 and 1916 were filled with the work and worry of preparation, and the first registration bill was introduced into the Legislature in the 1916 session, when it was defeated at the second reading. Disappointed but still determined to achieve their aim, the members faced in the following year the real work for registration. Finally, dropping legal phraseology, the executive drafted an outline stating in their own words what they desired and proceeded to overcome the objections of obstructionists. This was later put into legal form and presented and passed in the session of 1917. The organization then became the Saskatchewan Registered Nurses Association. To Mr. R. W. Shannon, counsel of the Legislative Assembly, and to Dr. W. C. Murray, president of the University of Saskatchewan, nurses are deeply indebted for assistance and advice in connection with the bill. Of members of the Association itself, the names of Miss Jean E. Browne and Mrs. W. M. Valkenburg will always be connected with this strenuous time. As president and secretary for that year they were tireless in their efforts and undaunted in their enthusiasm for the success of the plan. Other members named in the Act are Effie M. Feeny, Grainger Campbell, Ruth Hicks, Nora Armstrong, Helen Walker and Jean S. Wilson, all of whom gave strong support and individual effort, contributing to the success of the bill.

The years immediately following were busy ones indeed, and tribute must be paid to the faithful work of Miss Jean S. Wilson, who as secretary-treasurer of the new Association, carried the heavy burden of the clerical work of registration of the hundreds of nurses making application from all parts of the province. This work, becoming more onerous each year, was continued by Miss Wilson until she left the province in 1920.

The annual meeting of 1920 saw several new developments. A decision was made by a vote of the members to introduce a subsidiary group of nurses—to be known as nursing housekeepers—to be trained under the joint sponsorship of the Saskatchewan Red Cross Society, the Saskatchewan University and the Saskatchewan Registered Nurses Association, supervision to be maintained by the latter. The appointment of a nurse

for this position was the opportunity awaited for the provision of a provincial office with a registrar-secretary in charge. Miss Mabel F. Gray was appointed and continued to hold the dual office until 1925. Late in that year the training of the secondary nurse was discontinued.

After working for several months the Nurse Education Committee presented in 1921 the Minimum Standard Curriculum for Training Schools for Nurses. This curriculum was accepted by the S.R.N.A. in annual convention in that year, and later, with a few changes, was approved by the University Senate as a basis for registration by examination. This curriculum is still the standard for the province in all hospital training schools.

In 1920 the first University short course was arranged, particularly for nurses doing health work in the schools, and among other subjects Miss Jessie Bancroft, of New York City, gave a series of lectures on Posture. In 1922 a course was given for hospital administrators, with Miss Ethel Johns, of the University of British Columbia, in charge. A second course in school work was held in 1925, with Miss Annie Laird, of the University of Toronto, as special lecturer in Nutrition.

Annual meetings took the form of two-day conventions, held alternately in Regina, Moose Jaw and Saskatoon, until 1925, when the time was increased to three days to include an institute or refresher course. This has proven very successful. The plan is to choose subjects of interest to the different nurse groups and to arrange a series of lectures in each subject. The success of the institute has been largely due to the assistance given by nurse speakers from other provinces and states: Miss Gladwin in 1925; Miss Elizabeth Russell, 1926; Miss Anna Wolf, 1927; and Miss Jessie M. Grant in 1928. The attendance has increased each year, with representation from every part of the province, and the greatest interest is shown by the members. The institute will probably be continued.

Toward the fund for the Nurses Memorial erected in Ottawa in 1926 this Association gave of its best effort, the years 1921, 1922 and 1923 being devoted particularly to it. The response from all nurses was excellent, but special mention is due the pupil nurses in training schools and the nurses in hospitals in small centres. It was a real inspiration to be in touch with them and to note the splendid results which attended their plans. In this large province, with its scattered population, just such an objective was really needed to unite the members of the profession in a common effort and to re-awaken an interest in nursing affairs.

The Association continues to grow. Moose Jaw, Saskatoon and Prince Albert have thriving local organizations. Alumnaes have been formed with many of the training schools. The provincial office reports an increase each year in the number of nurses presenting for registration: 158 in 1927 as compared with 94 in the previous year. The total register in May, 1928, shows 1,182 nurses registered since 1917. The chief executive officers since the first organization are:

1911-1913—Miss Clarihue.
1913-1914—Mrs. (Dr.) J. C. Black.
1914-1916—Mrs. J. A. Westman.
1916-1919—Miss Jean E. Browne.
1919-1921—Miss Jean Urquhart.
1921-1922—Miss Jean E. Browne.
1922-1925—Miss Ruby M. Simpson.
1925-1928—Miss S. A. Campbell.
1928—Miss Ruby M. Simpson.

To the nurses of the earlier years we pay tribute. The foundation so well and truly laid by their efforts is responsible for the development of a united, progressive and enthusiastic Association. In the rush of the day's work we may seldom pause to consider their gift to us, but as we strive each year to uphold the ideals and further the aims which they outlined their work will bear its real fruit.

Vignettes from the History of Nursing

By Members of the School for Graduate Nurses, McGill University, Montreal, with Introductory Note by Maude E. Abbott, M.D., Lecturer on the History of Nursing. (*Continued.*)

XVIII
MACRINA

By MARGARET M. E. ORR, Toronto, Ont.

When we of the modern school of nursing feel the need of inspiration and the necessity of a renewal of our idealism, which threatens to be engulfed in the materialistic trend of modern social life, there is no more effective means of stirring one's feeling of appreciation toward the further possibilities of our profession today than the study of the lives of those saintly women of the past: with all their brilliancy of aspiration, self-denial, and magnificent accomplishment of a studied purpose.

The maternal passion, with all its beauty of desire to protect, inspire and aid those of weaker stamina, seems the outstanding quality in many of these women.

Macrina, who very early in life showed a remarkable influence over those about her, is perhaps one's ideal of what the elder daughter of a family should be. Loving and dutiful to her parents; protective and full of inspiration: an example to her brothers and sisters. One cannot imagine a more strong and unselfish character.

Macrina was born about 327 A.D. on the family estate in the village of Annesi, on the banks of the river Iris, the eldest child of Basil and Emmelia, and grand-daughter on the paternal side of Macrina, the elder. Her family was one of wealth, and supreme intellectual and social prominence. Macrina was a beautiful woman, gifted not only with noble character and high intellectual ability, but also with an earnest piety, which accounts largely for her decided influence over her clever and distinguished brothers: three of whom became bishops. Carefully educated by her mother, and made familiar with sacred writers rather than heathen poets, she was at a very early age capable of reciting the moral and ethical portion of the book of Solomon, as well as the Psalter.

As would be expected with one of such great personal beauty, fortune, and position, Macrina was besieged with suitors, and finally, under her father's advice, she accepted as her betrothed a young advocate of good birth and position.

Realizing the great honour which had come to him in having as his future bride such a charming and desirable lady, he immediately redoubled his efforts to be worthy of her. Just when he was gaining an excellent reputation he was cut off by a premature death. Macrina was overcome with grief and disappointment, and in spite of the remonstrances of her family, still regarded herself as married to him. In her opinion marriage was an act which could no more be repeated than birth or death; so she would consider no further proposals of marriage.

After her father's death in 349 A.D. she devoted herself to the care of her mother, relieving her entirely of the responsibility of their vast estate, which was located in three different provinces. She counselled and encouraged her brothers: Basil, two years her junior, and Gregory, in regard to their education. She arranged satisfactory marriages for her four sisters, and personally supervised the education of her youngest brother, Peter.

When in 355 A.D. Basil returned from Athens, greatly pleased with his university successes and full of hopes for a great career, and more or less looking down on all men of rank and official station, Macrina talked with him and reduced his self-conceit, and instilled in him disregard of all earthly wealth and distractions, per-

suading him to choose the life of asceticism, which she had recently adopted.

Accordingly, the brother and sister established themselves on different portions of the paternal estate, on opposite banks of the Iris. Here Basil originated the Xenodochium, which he rebuilt on a much larger scale after he had been appointed Bishop of Caesarea in 369 A.D., and named after him the Basilias. It was the model used by many charitable persons in the building of other xenodochia for the care of the sick. Basil was very interested in the treatment of lepers and had a building constructed especially for them, personally visiting and attending them in the wards.

In 357 A.D. Macrina's most-loved brother, Naucratius, came to an untimely end while hunting. This last great grief determined her to separate herself entirely from all worldly pursuits and persuaded her mother to embrace the ascetic life.

The nucleus of the sisterhood was formed by their female servants and slaves. Later, women of high rank joined them, thus encouraging the daughters of aristocratic Christian families from Pontius and Cappadocia to enter the Order. Most prominent was a widow of high rank and wealth named Vestiana, and a virgin named Lampadia, who is described as the chief of the Order. Patients were received in the convent and were cared for by these ladies. As Macrina was first ordained a deaconess it seems possible that the virgins visited the sick in their homes. Basil wrote their rule allowing the privilege of visiting their relatives, nursing them in sickness, and to receive visits from women. Their rule allowed them to bathe once a month, but the patients could be bathed as often as the doctor ordered.

About this time Peter, who was attached to the convent, was ordained presbyter by Basil, later being created bishop. Gregory of Nazianze and Eustatius of Sebasti associated with this pious circle, stimulating them to make further advances in Christian perfection.

Macrina's later life seemed distinctly monastic, yet writers of most opposite religious schools claim her. Schafer places her next to Olympias, who was her friend. Kolliny, quoted by Schafer, "considered that her community presented an original of Kaiserwerth and that its vigour lay in the fact that, while her bands of virgins lived an utterly unworldly life, yet the roots which bound them to the realities of life were not cut." All writers comment on the extraordinary impress of her spiritual nature on the life of the world, her loftiness of ideal, and her purity of thought.

In 373 A.D. her mother died, and six years later, her distinguished brother Basil. This was Macrina's third great sorrow in life, and her health, already weakened by her austerities, was completely ruined.

Nine months later her brother, Gregory Nyssa, who had been at the convent at Antioch, returned home. He had been banished under Valus, because of the faith. They had not met for nine years and were looking forward to the interview with the keenest anxiety. Macrina was hopelessly ill with fever and Gregory found her stretched on a couple of planks, facing the east: one slightly elevated to raise her head and shoulders. In spite of her extreme weakness she attempted to rise and do him honour as a bishop. Gregory prevented her and had her placed in her own bed.

Gregory was deeply touched and his account of the interview is very pathetic. Macrina maintained magnificent control of herself; putting on a cheerful countenance she proceeded to cheer him by inquiries as to his trouble, relatives and other ordinary topics of conversation. When she mentioned Basil, however, she broke down completely. In spite of her own grief she attempted to console him, and when it proved unavailing

she rebuked him for grieving like those who had no faith.

After a somewhat heated discussion, Macrina, as though under divine inspiration, delivered a long discourse on the resurrection and immortality of the soul, which Gregory has recorded in the "De Anima Resurrectione" dialogues. In this she emphasized "the purificatory nature of the fire of hell; being caused by the separation of the evil from the good in each man; the anguish being in exact proportion to the rootedness of the sinful habits."

Later, she spent some time reviewing her past life, recounting God's mercies to her, saying that "she had never been compelled to refuse any who asked of her, nor to ask of others herself." When Gregory was inclined to complain of his miseries and privations under Valus, she reproved him, reminding him that he owed all that he had accomplished in life to the education he had received from his parents.

She spent her last hours consoling and comforting her brother until her voice failed. Shortly after, she slipped quietly away in the midst of her prayers. Round her neck was found an iron cross and a ring containing a particle of the True Cross. She was buried beside her brother Basil, in the grave of her parents, in the Chapel of the Forty Martyrs, about a mile from her monastery.

After her death miracles performed by her were recounted to Gregory. Macrina is commemorated both in the Menaea of the Greek Church and in the Roman Calendar on the 19th of July.

XIX

MACRINA

By LILLIAN I. MORTON, Proton Station, Ont.

Macrina was born about the year 327 A.D. She was the eldest daughter of her parents, Basil and Emmelia, a wealthy and noble Christian family, of a very high order of piety, living in Annesi of Neocaesarea. She received her name from her paternal grandmother, Macrina the first. A second name, that of Thecla, was given to her as a title of consecration in honour of a virgin martyr of that name, but she was commonly known by her first name only.

Her mother, being a very religious woman and ambitious for her child's spiritual welfare, supervised her education. Especially was she instructed in the holy Scriptures. Before the age of twelve years, she is said to have committed to memory the whole of the Psalter as well as other portions of the Scriptures.

As she grew to young womanhood her personal beauty was very marked, as well as her intellectual gifts and earnest piety. At quite an early age she was affianced to an ambitious young law student, who, however died before their marriage. Macrina, considering herself his wife in the eyes of God, refused to consider any further proposal of marriage.

After her father's death, when she was about twenty-two years of age, she was her mother's mainstay in the care of a large family (nine in all), and an extensive and valuable property. It was to their sister, Macrina, her noted brothers, Basil the Great and Gregory Nyssa, gave a large measure of credit for their success in life. She is said to have been ever a wise and loving counsellor. One writer speaks of her as the spiritual head of the family.

Macrina was both a deaconess and a nun in that she was ordained a deaconess at quite an early age, and in later life established a religious community or convent, of which she herself was the head. This community was founded on the paternal estates in Annesi, on the banks of the Iris. At first it was composed only of Macrina and her mother, with their maids and slaves, but in a short time other like-minded women of both higher and lower ranks joined with her. Their rules were very simple. Following as they did the one mode of life, having one order, one discip-

line and one peace, they lived in unity and love. The sisters were allowed to visit their friends in illness and to receive visits from women. They acted as nurses to their own people, also received patients at the convent. One pathetic part of this heroic and noble life of Macrina, as of others of this time, was the practise of asceticism to a very great extent.

After the death of her mother, whom she had personally attended for some years, Macrina continued her life of seclusion, being joined now by her brother Peter, who also worked with her towards the attainment of a pure and holy life. Her grief upon the death of her brother Basil the Great, together with her manner of living, had a very injurious effect upon her health. In the year 379 A.D., some nine months after Basil's death, she was taken ill of a fever and died. Towards the close of the last day of her life she gave to her brother Gregory a thankful review of her life, recounting many blessings, among which was this, that she had never had to refuse any who asked of her, nor to ask of others herself. One writer, Kolling, places her next to Mary as having left an unexampled impression of her spiritual nature upon the world.

She was buried by her brother in the grave of her parents, in the chapel of the Forty Martyrs.

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MACRINA

By MABEL SHARPE, Toronto

There seems to be some doubt as to the exact date of Macrina's birth, but it is usually claimed to have been 327 A.D. or 330 A.D. She was the sister of Basil the Great, Bishop of Caesarea, and of Gregory of Nyssa, on whom she seems to have had a great influence.

She was a very beautiful girl of forceful character and highly intellectual. Her mother, a pious, well-educated woman, had Macrina educated in the sacred writings, and at an early age she memorized the moral and ethical portions of the Books of Solomon and the whole Psalter. She was betrothed to a young lawyer, whose untimely death resulted in her devoting her life to Christian work. She refused marriage, although her great wealth and beauty attracted many suitors.

In 349 A.D. her father died, and as the eldest of a family of nine she managed the estate, took care of her widowed mother, and helped to bring up her younger brothers and sisters. She exercised a great influence over her brother Basil, and it was she who persuaded him at the end of a brilliant university career to turn to the Christian life. She was early ordained a deaconess.

The death of her brother Nauceratius in 357 A.D. seems to have decided her, and she, with her mother and brother Philip, built a home at Annesi, on the river Iris, and later founded a convent where she drew a community around her. Her brother, Basil, drew up their rites. They were allowed to visit relatives in illness and receive visits from women. They acted as nurses to their own people and received patients in the convent. They bathed only once a month, but the patients were to be bathed as often as the doctors ordered.

Her mother's death in 373 A.D. was a great grief to her, and when in 379 A.D., just shortly after her brother Philip had been ordained a presbyter, her brother Basil died, her grief was such that she did not recover, and died in 380 A.D.

Her life in the community was one of strict asceticism and zealous meditation on the truths of Christianity, and prayer. She was a great teacher and just before her death talked with her brother Gregory on the soul, death, resurrection, and the restoration of all things.

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(To be continued)

A Provincial Health and Hospital Survey

With the object of securing more adequate knowledge of health conditions in the Province of Manitoba the Minister of Health and Public Welfare (the Hon. E. W. Montgomery, M.D.) has inaugurated a Survey of Health and Hospital conditions in that province.

For the carrying out of this task Dr. Montgomery has chosen the Welfare Supervision Board, and this board, in turn, has appointed from their membership a Health and Hospital Survey Committee. The Committee undertook this new field of study in March and was fortunate in securing Dr. F. W. Jackson as medical officer, and Miss Agnes B. Baird, Reg.N., as assistant investigator.

In addition to engaging the services of trained investigators the committee's plan of campaign includes the sending out of questionnaires to all medical practitioners, superintendents of hospitals, suburban and rural municipal councils, and to public health nurses and school teachers throughout at least the rural parts of Manitoba. The committee is of the opinion that a great deal of information can be obtained from individual district nurses, and that every graduate nurse should have useful information to offer in regard to training schools and the hospital situation in the province.

The committee intends, also, to make a study of health and hospitalization in other provinces, and in this connection will consider not only the public health and institutional work, but also questions of legislation, supervision and finance, etc.

The committee is anxious to gather information from every available source: information in regard to hospitals and hospitalization; tuberculosis and all its problems; sanitary conditions in the province, especially rural Manitoba; the most efficient way of carrying out health officers' duties; maternal and foetal death rates, etc. And last, but very important, information in regard to the health of children of school and preschool age.

League of Nations Society in Canada

After material for this issue had been arranged a member of a federated association of the C.N.A. contributed an article on the League of Nations Society in Canada. It is regretted that space does not permit this contribution to be published in full. Quoting the writer in part:

The aim of the Society in Canada is to have at least one hundred thousand members. Public support is what is needed so badly. We have splendid men in charge of affairs, as we had splendid generals in the war, but what could they have accomplished without the rank and file of the army, and without the women at home doing their bit also?

Now, as our nurses were efficient in caring for the wounded in the past, may they not be of greater service in co-operation with the League of Nations, and as members of that League in serving their country in the cause of peace, and ever keeping before the world the needless waste and suffering caused by war.

We may think that we as members of the nursing profession can do very little in settling the affairs of nations, but nevertheless we recognize the importance of preventive measures in all questions affecting the health and well-being of the community; and how much better it is to prevent injury and disease than to be efficient only in caring for those who are stricken.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss FRANCES REED, General Hospital, Montreal, P.Q.

Industrial Nursing

By FRANK G. PEDLEY, M.B., D.P.H., Director Industrial Clinic,
Montreal General Hospital.

When the term Industrial Nursing is mentioned something usually registers in the mind of the average nurse. The mental image may comprise a bottle of tincture of iodine, a few bandages and some aromatic spirits of ammonia, but something at least is thought of. But when the term Industrial Hygiene is uttered a blank mind is almost the invariable result whether it is the mind of the doctor, nurse or layman. Now since Industrial Nursing is intimately associated with the whole programme of Industrial Hygiene I propose to speak for a minute or two on the broader subject.

Industrial Hygiene deals with the health of industrial workers in the same manner that Child Hygiene deals with the health of children. If one regards the general population as a whole it can be logically divided into four groups: (1) the pre-school group, (2) the school group, (3) the industrial group or wage earners, (4) a miscellaneous group of housewives and the idle rich.

From the standpoint of preventive medicine the first group must be regarded as that in which efforts are most promising. It is unfortunately, rather inaccessible. The school group is very accessible and it is everywhere the point of attack by cohorts of nurses and doctors and the like, who examine and measure, who extract teeth, tonsils and practically everything that is loose, who administer large quantities of milk and who inject vaccines and antitoxins at a great rate. These procedures are all calculated to improve the health of the school child and there is very little doubt that they do.

The third group of industrial workers is also usually quite accessible. It is an adult group and has in many instances developed habits and physical defects which are difficult to cure. It is a group which public health officials don't bother much with unless it gets typhoid fever or smallpox. But it is a group which requires as active supervision as any.

If we examine the records of the last fifty years we find that great reduction has been made in the mortality of infants and children but the mortality of adults remains about the same. The reduction of deaths from tuberculosis has been balanced by the increase in deaths from heart disease and cancer and it is these diseases of later life in which the industrial hygienist is interested.

Perhaps the workings of industrial medicine can be best illustrated by a description of the activities of an industrial medical department, and in order to make the thing concrete I shall tell you of the programme we offer to employers in Montreal.

If an industrial establishment employs 700 to 1,000 men it will be found advisable to employ a part-time doctor, a full-time nurse, and probably a clerk. The latter, however, is a luxury which must frequently be done without. If the plant is much larger the staff must be increased and if much smaller the nurse might be the only one of the three. But with doctor and nurse working together their activities would be as follows:

(1) Examination of all new employees. This is done not with a

(Read at the annual meeting, Registered Nurses Association of the Province of Quebec, January, 1928.)

view to eliminating unfit men from employment but with a view to placing them at the work they are most suited to. This examination should not be used to select the cream of the labour market, for, if it is, strong opposition will develop in the ranks of labour. It is manifestly unfair to reject men with defects like flat feet, varicose veins and the like when they are obviously able to work and in fact must work somewhere.

(2) The treatment of industrial accidents. This is an important function of the medical department, but not the most important. It is the only function of most industrial physicians in this city at present. From the standpoint of the worker and also from the employer's standpoint accidents represent a very small part of industrial ill health. The amount of time that the worker loses from accidents is usually about a tenth of the time he loses from sickness and although the employer does not as a rule compensate him for this loss of time, he loses the man's work and the man loses his pay. So it is obviously of mutual advantage that sickness should be reduced to the minimum. To say that an employer is unwarranted in supervising the health of his workers is as logical as saying that the employer is unwarranted in supervising the care of his machines. The employer does not pay wages to an idle machine but does lose its production.

(3) The diagnosis and treatment of minor diseases so that they may be prevented, if possible, from becoming major.

(4) The periodic examination of the workers. In the writer's opinion this is the most important part of the whole work. It requires a more or less specialized knowledge not only in the making of the examination but in the giving of sound advice after the examination has been made.

(5) The visiting of the sick absentees by a nurse to see if they are receiving medical attention and are in a financial position to pay for it. The doctor does not make home visits.

(6) The supervision of the sanitation and safety of the plant.

Now the nurse enters into all these activities and if she is wide awake and intelligent she can often bolster up the doctor if he is deficient, as he frequently is.

The strictly nursing work that the nurse is required to do is varied. In the plant medical department she is responsible for the general care of the place, she does a considerable amount of first-aid work, gives aid to the female employees when they are periodically indisposed, inspects the plant, instructs first-aid workers, spreads a little health information and so forth.

Outside the plant the nurse may be required to visit the sick absentees. In this capacity she acts as a district nurse and gives what minor aid she can in the form of bed baths, sponges and the like. She can make herself an important influence in the home and whereas a private nurse enters comparatively few homes the industrial nurse enters a great many.

The industrial worker is a person who does not see much of the private nurse. When he is sick he does not have a nurse because $5 a day, or whatever it is, is far above his slender income. The industrial worker receives in this province an average of $880 a year. That is to say some receive more and some receive less but the average is $880 or $73 a month. This does not permit of much medical expense and naturally there is little opportunity for saving. As a matter of fact it is probable that the great body of workers do not save anything but spend all they have and even mortgage their incomes by buying on the instalment plan. Therefore, sickness is a catastrophe. It means the cessation of income and additional

expense for doctors and medicines.

To those of you who are interested in a life where your services are for the most part badly needed and much appreciated the field of industrial nursing should have a strong appeal.

It must be understood that special qualifications and training are very desirable in one entering the field of industrial nursing. The training of the average nurse is directed towards the curative side whereas the essential function of industrial nursing is preventive. A public health training is very desirable, or at least some experience in public health work. One should know something about posture, ventilation, industrial poisons and the like. I don't mean to say that you can't get a job without knowing of these things, for the employer is frequently ignorant of what he needs, but one cannot do the job intelligently without knowing what it is all about. It is because an industrial job is considered a sinecure that it frequently degenerates into a finger wrapping and pill dispensing business.

In Montreal, I need hardly say, the ability to speak both French and English is highly desirable. It is our practice at the Industrial Clinic to require this.

The opportunities in this field in Montreal are not at the present very great. In fact the supply of nurses considerably exceeds the demand. We expect however with the advent of the new workmen's compensation act, which is to be placed before the legislature this month (January, 1928), that many more employers of labour will require medical assistance. Those of you who have industrial leanings should in the meantime, like wise virgins, trim your lamps and prepare yourselves for the call when it comes.

BEDFORD COLLEGE FOR WOMEN: SUMMER SCHOOL

Miss Jean E. Browne, National Director of Junior Red Cross in Canada, has been invited to assist in the conducting of a summer school at Bedford College for Women, University of London, London, England, from July 16th to August 4th.

This summer school is a refresher course for nurses who have previously taken a year's international course at Bedford College. Miss Browne was a scholarship student in the first year of such yearly courses, in 1920-21.

During the first week of the course five lectures will be given on the General Principles of Education by Professor Melhuish, University of London, and five lectures on the Psychology of Moral Life by Professor Edgell, University of London. For the remainder of the period the lectures will deal with the principles and methods of teaching as applied to schools of nursing and public health nursing. Miss Hodgman, of the Yale School of Nursing, will deal with this subject in relation to schools of nursing, and Miss Browne will deal with it in its application to the field of public health nursing. In addition to lectures and demonstrations there will be Round Table discussions following each of the lectures. The College of Nursing, England, has very generously offered to supply the demonstrations requested by the lecturers.

The course promises to be one of extraordinary interest and will be attended by nurses from many different countries.

Miss Browne leaves for England on June 30th.

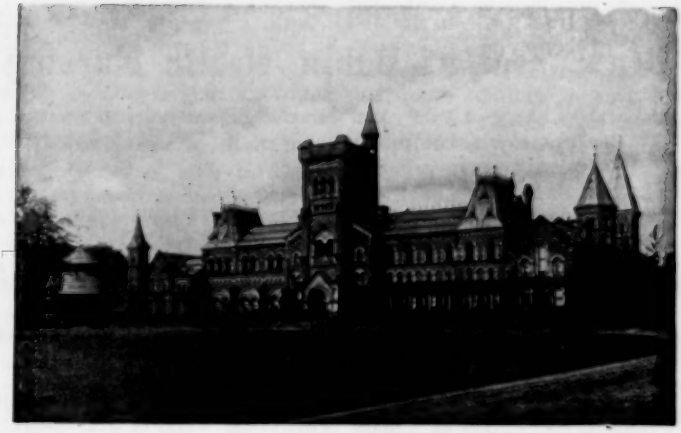
MISS MARGARET HUXLEY

The British Journal of Nursing for April, 1928, announces that the Senate of Dublin University is conferring the Hon. Degree of Master of Arts on Miss Margaret Huxley, F.B.C.N.

Miss Huxley graduated in the early 'eighties as one of the most distinguished pupils of St. Bartholomew's Hospital, London. For many years she was lady superintendent of Sir Patrick Dun's Hospital, Dublin.

Miss Huxley is the pioneer of higher education for nurses and State Registration in Ireland. She has always been active in organization work, having been president of the Irish Matrons Association and the Irish Nurses Association. Miss Huxley is a Foundation Member of the International Council of Nurses and has attended most of the meetings and congresses of the council.

The nurses of Canada are looking forward to welcoming many nurses to the Dominion when the Council meets in Montreal in July, 1929. It is sincerely hoped that Miss Huxley and other Foundation Members of the Council will be able to come to Canada for the Congress.



University of Toronto, Toronto, Ontario

The University of Toronto has undertaken to offer a one-year course designed to prepare graduate nurses for teaching and administration in hospitals. The University has decided to offer this course as an experiment, and if it is found that a good many nurses wish to avail themselves of this opportunity, the course will be continued indefinitely. This course will open on September 25th, 1928, and is under the direction of the Department of the University Extension, working in co-operation with the Department of Public Health Nursing of the University.

A HAPPY EVENT

A precedent was established in the Public Health Nursing Department of the University of Toronto when, on Saturday evening, April 14th, a dinner was given in the Clarendon Tea Rooms under the joint auspices of the Department Alumnae and the Class of 1928. The company numbered about one hundred, forty of whom belong to this year's class. The dainty programmes done in the University colours included an attractive toast list and a verse descriptive of each member of the graduating class, including nine students from six foreign countries: France, Roumania, Austria, Jugo-Slavia, Czecho-Slovakia and the United States of America.

In the absence of the President of the University, Sir Robert Falconer, Lady Falconer graciously responded to a toast to the University. Miss E. Kathleen Russell, Director of the Department, spoke briefly of recent developments and emphasized the responsibility which she hoped each member of the Alumnae Association would feel toward the present and future activities of the Department. An international note was struck when in response to a toast to the foreign students each one in turn spoke briefly of her appreciation of Canadian hospitality and of the year of study afforded by the University. Dr. J. G. FitzGerald, Director of the School of Hygiene of the University, of which the Department of Public Health Nursing is now an integral part, in addressing the gathering expressed satisfaction in regard to the international aspect of the dinner. He reminded the nursing group that not all of the important contributions to public health work emanate from the laboratory, and stressed the part of each nurse of the contribution which she may make to the acquisition of knowledge in the public health nursing field. In the accomplishment of her task a sense of humour and a constructive imagination are important requisites, these, he felt, had been amply demonstrated during the evening's proceedings.

To Miss Clara Vale, the president of the Alumnae Association, and to Miss Gertrude O'Hara, the president of the class of 1928, is due the gratitude of those privileged to attend the happy event which marked another milestone in the history of the Department of Public Health Nursing of the University of Toronto.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
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The School Nurse as a Social Agency in the Community

By CHARLOTTE WHITTON, Executive Secretary, Canadian Council on Child Welfare.

The school nurse is not, in theory, a "generalized" nurse, but as a matter of fact, in many of the smaller communities, she is the first, and sometimes for long years, the only representative of public or child health effort. The school nurse may choose, under all circumstances, to be, merely and solely, the "school nurse," just as a teacher may choose to be merely "the teacher," her responsibilities and professional interest in her job or community circumscribed by the limits of class-room and curriculum.

Or, the school nurse may assume, especially in the smaller communities, the broader rôle of an active participant in the health crusade. She may utilize the strategic position she occupies with the children to broadcast her health teaching to the community, even to establish direct contacts with undesirable health conditions in the home, or in the community itself by virtue of the interrelationship of such conditions to the problems of the health of the children in the class-room. If her lot be cast in the large, specialized community, equally broad opportunities await her in co-operation with the community health forces. The school nurse then becomes, in fact, a public health agency.

But, even to wider vision may the school nurse extend the limits of her interest. As she examines and records the weights and heights, the gains and losses, the defects and perfections of the passing throngs of school children, the concomitant, social factors that enter into the raison d'être of these items, which she records, cannot but intrude themselves upon her vision. The facts that condition Susie's weakened constitution, and Maudie's lackadaisical stare, or ten year old Tommy's listless ennui are frequently more complicated than just lack of sleep or insufficient or incorrect food, or enough lukewarm, black tea for breakfast to float the British navy! Behind the zig-zag pattern of the ignorant, careless or indifferent home, there generally exists the unstable framework of an unsatisfactory social condition. The school nurse who completes her job gets at the very outline and woof of the haphazard pattern of her children's lives. In the large, specialized community, she does it by an intimate knowledge and co-operative understanding of the other social agencies, whose threads lead them to her children's homes. In the small community she does it by knowing the children in their out-of-school hours, in their homes, as well as on the scales or under the "tape measure." And she does it, also, by knowing well the background of her community, and its social resources. The school nurse then becomes one of the

(Read before the Ontario Educational Association, April, 1927.)

social, as well as one of the health agencies of the community. And it is this school nurse, who is interested in her job as a social job, in whom the child welfare programme is particularly interested.

The school nurse, who is also a social agency, assumes many aspects. She is almost the rival of the "quick change" vaudeville artist. She becomes in certain aspects, very definitely, a teacher. In others, a sanitary engineer and architect. She appears at times as a school attendance officer. Again almost as a psychologist; and often, frequently perhaps, as a family case worker, or what may be more adequately described, as a case worker in the child welfare field. When opportunity arises for close co-operation with the teacher, her follow-up work with the home may entitle her to be described rather as a visiting teacher, than a nurse.

First and foremost, perhaps, the school nurse ranks as an educational force in the whole public health programme.

Child health is one of the few phases of child welfare, in which we have passed to a large degree out of the field of legislation into the field of administration and education. Here and there some minor changes may be necessary in regulations or statutes, but on the whole the legislative framework of sound child health provision is fairly complete in most of the provinces of Canada. The problems pressing for solution are those of administration and public education, the former being really included in the latter. Education of the public on fundamental health facts, and enlightenment of the public on health conditions, as they exist, form the pillars on which the arch of adequate provision for nursing and medical services will rest. Could a faithful replica of the actual lack of any nursing or medical facilities, with which thousands of Canadian citizens, especially women and children, are faced, be presented in an easily comprehended form to the general public of this country, more adequate services to meet the need would inevitably be forthcoming. Could this picture of the great groups of population without this service be related to the indisputable benefits of these services, the educational power of the facts thus marshalled would be even greater. For instance, such comparative facts as that in a given year the stillbirth rate in the registration area was 35 per 1,000 living births, but only 31 per 1,000 in the 12,000 cases receiving the prenatal care of the Victorian Order of Nurses, and 23.5 per 1,000 in the cases of mothers under the care of the prenatal clinic of the Toronto General Hospital, require no explanatory paragraphs to bring their message home. The contrasted listing of the areas in Canada, where not only any prenatal services but even medical or nursing services are not accessible for mother and child forms in itself an unanswerable plea for extended administration of health services.

"A fruitful fact," says Julia Lathrop, "requires neither compulsory legislation, nor military sanction—it requires only a chance to be used." The "fruitful facts" in human life saved and human potentialities realized, of such measures as adequate prenatal and maternal care, pasteurization of the milk supply, immunization against infections and contagious diseases, and a score other social provisions truly require no demonstration: they require only this "chance to be used." They require that the specialized knowledge of their efficacy, held only by the few, shall enter the minds of the many and become the generalized knowledge, the public opinion of the community.

And this is one of the first duties of the school nurse, as a social agency in the community: the dissemination of the fruitful facts of

her health knowledge, that scattered through the community they may come to fruition in a sound, strong public opinion on health matters.

Sometimes communities that would not brook the thought of the generalized nursing programme will embark on the school nursing programme as part of a greater school district. Health and public health, in fact the whole horizon of hygiene and preventive medicine will open, or for long years remain obscured, for these communities as the school nurse has eyes to see the possibilities of her office, and the mind, tactfully, to bring them to the comprehension and realization of the group she serves. Not only may she be the only public health unit in the community, but she has direct contact with the most observant, the most talkative, the most dynamic, the most diffusive force in that community—its irrepressible child life. Properly taught, the child becomes one of the most potent of all forces in human relations, the unconscious enthusiast for his cause. So, in this rôle, the school health nurse is the teacher from whom, and through whom, childhood will spread the crusade of positive health through all the countryside, carrying ultimately an improvement of personal hygiene, of sanitation, of nutrition, of all the habits of life into the home from which he has come.

Then the school nurse dons the garb of the sanitary engineer and architect. To her the hygiene of the school building must be as definite a problem and study as that of the children she serves. The building itself, its proper heating, lighting and ventilation, the provision and conditions of play space, the water supply, the sanitary arrangements, the seating provision from the point of view of posture, and all similar, material features of the "background" of her job cannot be omitted by the school nurse, who would be a social force in the community.

The school nurse who acts as a social force must also see the relation of her complete job to the duties of the school attendance officer. In the larger urban centres this will be assumed, as a co-operative arrangement with the school attendance officers. In many a small community, the nurse, in co-operation with the teacher, must assume something of the hybrid nature of a visiting teacher-nurse, locating the root cause of frequent or lengthy absences from school, where any health condition apparently enters into the case. Such an attitude to her children will lead many a school nurse into a field, in which such an inestimable contribution has been made by scores of school nurses to the improvement of child life, and incidentally to the economic life of the country, that is, the detection and provision for treatment of the crippled or physically defective child. This may involve not only the mere detection of defect and reference for medical examination. It may mean, for the school nurse, long and patient effort to provide treatment facilities, and to raise the funds to cover this expense. The school nurse, who is a social force, completes her job.

The school nurse, who is a social agency, may likewise have sudden responsibilities thrust upon her to collaborate with the teacher, in psychological or psychiatric services, or in the best approach to them which they can provide. The school nurse, like any other social worker, must make her job a complete one, and when faced with what may appear a problem of mental retardation, she must be familiar in the highly developed community, with the services which will enable her to get a complete diagnosis of the case. In the small community, with the teacher, she may have to attempt to make sufficient diagnosis of the factors of the problem case, to be able to advise as to the proper lines

of treatment and provision for the need.

If she knows her pupils, and knows the pupils' teachers, especially in the smaller communities, she may often render a great service to the individual child, by consulting with teacher or parents, when she feels from her professional knowledge of the child's record, that greater study of the child's proclivities are required. Knowing the child's physical capabilities, and, in common with the teacher, aware likewise of his or her mental capacity, the school nurse may often be able to serve the child by aiding in the direction of his or her development along other vocational lines than those which habit or tradition may be dictating, with but slight regard for the child's aptitudes.

The socially-minded nurse will frequently find that cases of apparent retardation will resolve into social rather than health or mental problems, that may lead her to the boundaries of the family case work field. Apparent listlessness or stupidity may be the result of fatigue or ill-treatment, directly attributable to unsatisfactory, often deplorable home conditions, or excessive work out of school hours. The school nurse, to complete the ring of service to the child, should be able to bring to his or her service, the services which would remedy this undesirable situation. If these do not exist within the community, the nurse, to do a complete job, should be in a position to obtain some general but accurate knowledge of the laws of her province and the resources of the county or provincial district, at the service of children in need of special care. Obviously, in the smaller communities this involves a bowing acquaintance, at least with the background of child labour and children's protection legislation.

A school nurse may go into a community, and conscientiously, and thoroughly, make her periodic examination of schools or class-rooms and pupils. Her examinations may be excellent, her records models, her professional technique beyond criticism. She may see so many schools, so many pupils and classify each, scientifically and acceptably, and refer their ailments regularly for treatment. She may be a good school nurse.

All this she may do and something more. It is this "something more," this travelling of the extra mile, this visioning of the child, not as a pupil from a given class coming up for inspection, but as a little human being, in his family group, and that family group, in the community, and all the other little children in all their families, and all those families in the community, and that community as her community in which she will live and work and serve. It is all this that makes a good school nurse something more: a social force in the community. She is of the women whom the community in which she serves, the community that will follow her service, will rise up and call blessed.

She is of that select company, from whose presence in the community, all life is made better, and stronger, and fuller. She is a woman worthy the great traditions of her calling, fit company for the great nurses of the past: St. Margaret and Florence Nightingale, and all that goodly group to whom Canada pays immortal tribute in the great memorial in her Hall of Fame.

Preparation for Victorian Order Work

By ELIZABETH L. SMELLIE, Chief Superintendent, Victorian Order of Nurses for Canada.

The number of well-qualified nurses with university post-graduate training in public health nursing does not begin to meet the demand, with the result that provincial and municipal departments, official and voluntary agencies, all are waiting eagerly to secure these graduates —comparatively few in number in proportion to the needs of our country— immediately they are available in the early summer.

Until 1921, when the university public health nursing courses were established, the Victorian Order maintained its own training centres in various of the larger cities in Canada. During that summer these periods of practical experience in district work were discontinued, and with few exceptions the nurses' homes too have since been given up. Insofar as the abrupt discontinuance of training centres was concerned, action would now appear to have been precipitate and even although a number of scholarships have been given annually to the Central Board, as each year has gone by the problem of securing sufficient experienced nurses has become increasingly difficult.

Within the next three or four months the Victorian Order requires twelve to fifteen well-qualified public health nurses to take charge either of already established centres or to develop the newer districts it is proposed to open, while twenty-five nurses could be placed without difficulty by this organization alone within six months. As it is impossible to secure a sufficient number of nurses with university public health training, some other plan has to be worked out to meet immediate nursing needs in the field, because it is not fair to the district itself, to the nurse nor to her administration (if she is obliged to assume new responsibilities, and needs to be taught to take advantage of the exceptional opportunity for teaching presented in attending patients in the homes she is called upon to enter), to place her without some definite preparation, in addition to her hospital training, to fit her for visiting nursing work. Each nurse applying for duty with the Victorian Order should first have opportunity of being taken on a larger staff, and of being given the benefit of two or three months' well-supervised experience, including attendance at demonstrations, contact with associated health and social agencies, and a certain amount of class work. True it is that a few nurses, even under difficult circumstances, and without such an opportunity, have done exceptionally well when placed on a district in an emergency. Great credit is due them. These, however, are the exception rather than the rule and they are the type who would probably make good under any conditions because of possessing exceptional ability.

Therefore, to meet an urgent need within our own organization, it is proposed in two centres at least—probably in Halifax and Montreal—to institute this autumn a period of three months' training in Visiting Nursing for graduate, well-qualified, registered nurses, who possess as well the personal qualifications which would appear to be necessary to engage successfully in community work. This period of practical experience should in no way be confused with the type of public health nursing courses now offered by the universities. Nurses assigned to the Victorian Order centres previously mentioned, will carry on their work under a well-prepared teaching staff. There will be adequate supervision. The teaching will be simple, devoted chiefly to:

(1) The organization and policies of the Victorian Order;

(2) The technique of visiting nursing;

(3) Information upon the subject matter of: (a) health, (b) disease prevention.

N.B.—Further explanation of (3)—

Specific preventive measures now available; social resources of community; public health organization and administration; Canadian procedure; infant and maternal hygiene, and nutrition.

It is hoped that the first group of nurses may be taken on in the early autumn, and that there will be a number of desirable applicants. A small salary will be paid during the period of instruction after the first two weeks. During this period any nurse wishing to withdraw may do so or if she is not suited to the work she will be so advised. Meanwhile, any nurse interested is urged to communicate with the Central Office with regard to this plan, in order that she may obtain further information. It is felt that as a result of the practical experience thus gained, that after a period of service with the Victorian Order in the various centres, many of this group will later feel disposed better to equip themselves for generalized public health nursing, and for promotion when available, by taking advantage of the opportunities presented yearly for taking the public health training offered by the universities.

Nurses interested are advised to communicate directly with the Chief Superintendent, Victorian Order of Nurses for Canada, Ottawa. Applications should be in previous to August 1, 1928.

News Notes

ALBERTA

Calgary: The monthly meeting of the Calgary Association of Graduate Nurses was held in the Y.W.C.A. parlours on April 17th. Dr. R. R. McIntyre gave a most interesting and instructive lecture on "The Early Care of the Teeth," which was largely attended.

The graduation exercises of the Calgary General Hospital were held in Al Azhar Temple on May 1st, when twenty-eight nurses received pins and diplomas, presented by Dr. W. H. McGuffin, in the absence of Lieut.-Governor Egbert. Dr. Stanley addressed the class and Miss McPhedran gave them the Florence Nightingale pledge. In his capacity of chairman, Mayor Osborne presented medals and the scholarship, assisted by Dr. Gow, superintendent of Calgary General Hospital, and Miss S. MacDonald, lady superintendent. Miss Effie Garriott was gold medallist, Miss Anita Auger, silver medallist, and Miss Margaret Dick received the scholarship.

Her large circle of friends in Calgary deeply regret the early death of Miss Hazel McKittrick, in Toronto, in April. Miss McKittrick was in charge of the clinic in Calgary for several years and until a year ago, when she left to reside in the east.

Miss Elizabeth Moorehouse, of Alberta, has been appointed nurse in charge of the Bureau of Tuberculosis recently established in Calgary by the Calgary Tuberculosis Society. Miss Moorehouse is a graduate of Harper Hospital, Detroit, Mich.

Edmonton: The refresher course for nurses recently put on by the University of Alberta was very much appreciated by over thirty nurses from different parts of the province.

Miss B. Emerson is holding Baby Clinics and Home Nursing Classes in Southern Alberta during May and June.

Among the numerous affairs for Miss B. Bean, who has resigned from the staff of the City Health Department to be married, was a tea given jointly by Miss M. Brown, Mrs. Whitelaw and Mrs. McManus, at the home of the latter.

Royal Alexandra Hospital: The graduation exercises of the 1928 class took place in the Nurses' Home on April 11th. The winners of the prizes were as follows: Gold medal and $25.00 awarded by the Hospital Board for the highest average in Theory, to Miss Faith Moseley; Silver Medal and $15.00 awarded by the Hospital Board for the second highest average in Theory, to Miss Grace Wiancko; $25.00 awarded by the Ladies' Aid for General Proficiency, to Mrs. Eleanor Chilton; five prizes of $20.00 each awarded by the Medical Staff for the highest average in Theory and Practical work, to the following: Miss Mary Hennig, for Nursing in Medical Diseases; Mrs. Eleanor Chilton, for Nursing in Surgical Diseases and also the prize for Nursing in Children's Diseases; Miss Dorothy Watt, for Nursing in Obstetrics and Gynaecology; Miss Faith Moseley, for Nursing in Eye, Ear, Nose and Throat Diseases. The following are the members of the graduating class: Misses Anna Ingeborg Berquist, Eleanor K. Chilton, Irene R. G. Ducker, Phyllis Fouracre, Marie Garde, Hazel Marguerite Hanson, Phoebe Pearl Hobson, Hazel Constance Johnston, S. Gladys Ledingham, Carrie E. McKeever, Isabella Swaddle, Ellen Dorothy Watt, Grace A. Wiancko, Myrtle A. Anderson, Jean M. Davidson, Bertha Eunice Doan, Pauline Foer, Elsie Stark Gillies, Selma Hennet, Mary Hennig, Ruth Isobel Laurie, Jean M. Lewis, Ruby Elizabeth Miller, Elizabeth Faith Moseley and Ruth M. Watts.

BRITISH COLUMBIA

VANCOUVER

The general monthly meeting for May of the Vancouver Graduate Nurses Association was held in the Vancouver General Hospital, Miss Ewart, the president, in the chair.

Among the items of business discussed was the nomination of a delegate to the Canadian Nurses Association convention, the result being the nomination of Miss Ewart, president.

Further discussion of the Canadian Nurses Association was held over for a special meeting of the executive.

Plans for the annual picnic of the Association were discussed, many lovely spots being suggested. Saturday, June 16th, was the date decided on, if fine; if not, the following Saturday.

An invitation was extended to the members from the Committee of the Women's Building to a Carnation Tea given in aid of the building fund, at which Bishop DePencier will speak.

The members were delighted to hear that the fund for the Alison Cumming Memorial was increasing rapidly, owing to the activities of the various teams.

A most interesting talk was given by Miss Harris of the Laboratory staff on Clinical Laboratory Tests, giving the most up-to-date technique in connection with phenol sulphonephthalein, non-protein-

nitrogen, blood sugar, and metabolism tests, which was much enjoyed by all.

The meeting then adjourned to the rotunda of the New Home, where refreshments were served.

Vancouver General Hospital: The May meeting of the Alumnae was held in the Nurses' Home, Miss Timmins presiding.

The annual picnic given by the hospital for the graduating class will be held at Bowen Island as usual, the Alumnae arranging the sports for the afternoon. The conveners chosen were Mrs. John Granger and Miss McLean.

The speaker of the evening, Col. George Fallis, of Memorial United Church, gave a splendid address on "The Spirit of Brotherhood between Nations, as shown at the Conference at Geneva of the League of Nations."

Members of Class 1920-1921 were the hostesses of the evening, and there was a large attendance to enjoy the exceptionally pleasant occasion.

Nelson: The annual meeting of the Graduate Nurses' Association of Nelson was held at the Kootenay Lake General Hospital on April 9th. The following officers were elected: President, Mrs. D. C. Fraser; vice-president (re-elected), Mrs. A. Dolphin; 2nd vice-president (re-elected), Mrs. George Lester; secretary-treasurer, Miss M. Leonard (re-elected).

The annual report showed a successful year. Funds were raised by dances and bridges. As a result of enthusiastic workers, the Association was able to furnish two bedrooms in the nurses' new home at a cost of $305.00; also Christmas Cheer Fund, $10.00; Isolation Hospital Cot, $42.05; Sick Nurses' Fund, $30.00, and flowers.

MANITOBA

Brandon: On May Day, 1928, the Brandon Graduate Nurses Association had two important events to celebrate—its tenth birthday, and that of welcoming to its ranks a group of nurses who this month will graduate from the Brandon General Hospital. The birthday party took the form of a dinner at the Prince Edward Hotel, at which the graduates were guests of the Association. The guests were received by Mrs. A. V. Miller (president of the Association), Miss R. Fletcher (president of the student body), and Miss B. Brigham (president of the class). The tables looked beautiful with miniature maypoles from which trailed gay streamers to baskets of pink tulips and pink candles held in quaint rose candle holders. In the centre of the table was a beautifully decorated three-storey birthday cake. Between courses community songs were sung, and Miss M. Finlayson gave several delightful readings. Various toasts were proposed and Miss C. Kettles gave an interesting account of the founding of the Association, which really took place before 1918, but owing to the absence overseas of so many nurses the organization did not function, and was reorganized in 1918. Miss M. Gemmell gave a very comprehensive account of the work done by the Association during the past ten years and Mrs. A. V. Miller spoke of its present activities and hopes of the future. Miss A. E. Wells (president of the M.A.G.N.), one of the guests of the evening, congratulated the Association on its progress and present flourishing condition.

Mrs. R. Darrach proposed the toast to the graduating class and in a delightful speech assured the Class 1928 that they had the best wishes of the Association. Miss Fletcher ably replied and thanked the Association for their good wishes. Miss C. Macleod also addressed the nurses, pointing out that the advantages enjoyed by present day graduates were largely due to the services and foresight of those courageous women—the pioneer nurses. Miss Jean Houston (superintendent of nurses, Ninette Sanatorium), the special speaker of the evening, chose Health as her topic. Miss Houston told the nurses they must recognize the larger sphere of the nurse, which included the teaching of health as well as the nursing of the sick, and at all times to preserve their own health in order to be of the utmost service to others.

The annual reports of the various officers showed the Association to be in a thriving condition after a busy year.

With the singing of the National Anthem a very pleasant evening was brought to a close. Out of town guests included Miss E. M. Birtles (Alexander), Miss C. Kettle (Virden), and Miss A. E. Wells (Winnipeg).

On April 23rd, the Executive, B.G.N.A. and a few intimate friends gathered at the home of Mrs. S. J. S. Pierce to bid farewell to Mrs. N. Renwick, who will reside in Winnipeg in future. On behalf of the Association Mrs. Miller presented Mrs. Renwick with a hat box and expressed the regret of the Association at the loss of so valuable a member.

Miss Lilian Harrison (Brandon Hospital for Mental Diseases and St. Boniface General Hospital, 1928) has accepted a position on the staff of the Brandon Hospital for Mental Diseases, in charge of the female infirmary.

Winnipeg General Hospital: Mrs. E. W. Montgomery (Bell, 1906) has returned from a holiday spent in Southern California.

Miss M. F. Gray (1907), of Vancouver, B.C., spent two weeks in the city during

April, called here by the illness and death of her nephew.

Mrs. W. J. Harrington (1907), of Dauphin, Man., and son, Scott, were guests in the city during the Easter holidays.

We much regret the serious illness of Miss C. McLachlan (1908), who has been a patient in the hospital for the past two months.

Mrs. James Bell (F. Walker, 1908), of Goodlands, Indiana, and little daughter are guests of friends in the city.

Miss C. Munro, 1910, of the staff of the Bureau of Child Hygiene, left in May for a trip to Scotland.

Mrs. J. N. Anderson (E. Findlay, 1913) and two children have left for Kelowna, B.C., to spend the summer.

Sympathy is extended to Mrs. A. McKean (Whittick, 1910) in the death of her mother.

Miss Ruby Dunlop, 1927, has completed a six months' post graduate course at the Manhattan Eye, Ear, Nose and Throat Hospital, New York City, and is now in charge of one of the operating rooms.

St. Boniface Hospital: On May 5th the Alumnae held a very successful bridge at "Roseland."

Misses O. Metson and E. Stanton have joined the staff at Ninette Sanatorium.

Miss Didion, who has been on the staff at Ninette Sanatorium, is now doing private duty nursing in Winnipeg.

Miss Kitty Trudel is on the staff at Glen Lake Sanatorium.

Miss W. Tracey has been visiting her sister here and has now returned to private duty in Chicago.

Misses Lottie Lynch and Pearl Paul have been accepted on the staff of the Mayo Clinic, Rochester.

NEW BRUNSWICK

St Stephen: The April meeting of the St. Stephen branch of the N.B.A.R.N. was well attended. Dr. S. R. Webber gave an instructive talk on Blood Pressure. Refreshments and a social hour were enjoyed.

The bridge given recently by the local branch of the N.B.A.R.N. was a decided success, both socially and financially.

Miss Bessie Budd, superintendent of nurses at the Yonkers Homeopathic and Maternity Hospital, has been granted four months' leave of absence and has arrived by motor to spend the summer at her cottage.

Miss A. Branscombe has returned to Cody's, where she will in future reside, after having spent the last two years in the west. Miss Branscombe was formerly superintendent of nurses at the Chipman Memorial Hospital and has a host of friends who will gladly welcome her.

Miss Ruth Hagerman is at her home in Woodstock.

Friends heard with sorrow the announcement of the death of Miss Ruby Campbell (Fisher Memorial Hospital) which occurred at Woodstock.

Chipman Memorial Hospital: Miss Edna Harvey, 1925, is taking a course in public health work in Halifax, prior to taking up that work at Canso, N.S.

Miss Clara M. Boyd, superintendent of the C.M.H., and Miss Mabel McMullen attended a meeting of the executive council at St. John.

News of the death of Miss Hazel Reicker, 1926, at Boston, Mass., on April 12th, was heard with genuine sorrow. Miss Reicker was one of the most deservedly popular graduates of the C.M.H. and was on the staff of The Phillips House. Burial took place at Hatfield's Point, and the profusion of beautiful flowers bore silent testimony to the love and esteem in which she was held.

NOVA SCOTIA

Halifax: The annual meeting of the Halifax Branch of the Registered Nurses Association was held May 15th, 1928, at the Dalhousie Public Health Clinic.

A Refresher Course for Nurses is to be held at the Dalhousie Public Health Clinic June 25th to 29th, inclusive. A very interesting programme has been arranged, and every effort made to make this course one of wide interest to the profession in its many fields of activity.

Every effort is being made to have the New Isolation Hospital (now under construction) open in June. The new hospital is ideally situated on Morris Street, next to the City Tuberculosis Hospital, and within five minutes walk of the Dalhousie Medical and Dental College, Children's Hospital, Provincial Laboratory, Victoria General Hospital, Grace Maternity, and the Dalhousie Public Health Clinic.

The Overseas Club of Halifax held a very delightful bridge at the home of Miss S. A. Archard on April 27th. Prizes were won by Miss Flora L. Fraser and Miss Margaret MacDonald. About sixteen members were present.

Miss Joan McLarren has resigned her position as night supervisor at the Children's Hospital, Halifax, and is visiting her parents in Dartmouth.

Miss Mary F. Campbell, superintendent V.O.N., Halifax, gave a very interesting talk on her recent visit to the U.S.A. before the Halifax Branch of the R.N.A. of N.S. on April 10.

Miss Jane M. Hubley has returned from a six weeks' visit to Montreal: while there Miss Hubley spent the greater part

of her time visiting the Child Welfare and Out Patient Departments' Clinics.

Miss Margaret Taylor (Victoria General Hospital), formerly on the staff of the Ann Arbor Hospital, Michigan, has resigned to accept a position as head nurse of the Medical Ward at the V.G.H.

The Misses Rose King and Nellie MacDonald have accepted positions on the staff of the Ann Arbor Hospital, Michigan.

Miss Marion I. Clark, B.A., Dalhousie, recently graduated from the R.V.H., Montreal. Miss Clark is a daughter of Dr. and Mrs. J. A. Clark of Halifax.

Miss Gertrude I. Anderson has resigned her position as Public Health Nurse for Yarmouth County, and is planning to spend the summer at her home in Annapolis Royal.

A very enjoyable dance was held on Thursday, April 26th, 1928, by the Alumnae of the Halifax Infirmary, at the Knights of Columbus Hall. The Hall was beautifully decorated with the alumnae colours of white and yellow, flowers being lavishly and most effectively used. About one hundred guests were present.

Miss Josephine Johnston (Victoria General Hospital) has resigned her position in the main operating room, Victoria General Hospital.

The Halifax friends of Miss Mary M. Saxton will be glad to learn that at the recent graduation exercises of St. Mary's Hospital, Brooklyn, N.Y., she graduated with honours, receiving the Mrs. Robert H. Mullin Gold Medal of Merit, also the Dr. Francis H. Hart prize for the highest marks in pediatrics.

Mrs. Ann Merlin, Glace Bay, C.B., announces the engagement of her daughter, Florence M., to Bruce Nunn, of Sydney; wedding to take place in June.

Miss Florence M. Merlin has resigned her position as superintendent of the General Hospital, New Waterford, C.B.

N/S Louise MacDonald has been transferred from Camp Hill Hospital to the Station Hospital.

The engagement is announced of Miss Alfreda C. Archard (Victoria General Hospital), of Halifax, and Edwin MacQuade, M.D., C.M., Dalhousie, 1927. The wedding is to take place in June and they will reside in Richmond, Virginia.

ONTARIO

Paid-up subscriptions to The Canadian Nurse for Ontario in May, 1928, were 1,162, 172 less than previous month.

Miss Margaret Marshall, formerly of Women's College Hospital, Toronto, superintendent of the General Hospital, Strathroy, and Miss Anne McKay (Hamilton General Hospital, 1924) as assistant superintendent.

Toronto General Hospital: The following graduates of the hospital have been appointed to the staff: Miss Bianca Beyer (1927) to "C" operating room; Miss Dorothy Dove (1927) to "B" operating room; Miss Mary Derry (1927) to "C" operating room; Misses Helen Willoughby and Sadie Williams (1926) to Burnside, T.G.H.

Miss Frances Case, 1928, has been appointed supervisor of the Contagious Diseases unit, General and Marine Hospital, St. Catharines.

Correction: Miss Gertrude Fleming (H.S.C., Toronto, 1926) has notified this office that she is on the staff of the Shriners' Hospital for Crippled Children, Springfield, Mass., but not the superintendent of the hospital, as stated in the April issue of The Canadian Nurse. All news items published are submitted by the representatives of the various alumnae and other associations of nurses, who believe them to be accurate. The Editor wishes to apologize on behalf of The Canadian Nurse and the sender of the item in question for the mistake, realizing that however inadvertently made such misstatements are extremely annoying to all parties concerned.

DISTRICT 1
Strathroy

Strathroy General Hospital: The Alumnae and Graduate Nurses Association held their monthly meeting at the Cameron-Bixel Nurses' Residence on May 3rd, when Miss Gladys Whiting, delegate to the annual meeting of the R.N.A.O. at Chatham, gave a very comprehensive report of the convention. Later in the afternoon tea was served by the hospital staff.

DISTRICT 2
Brantford

The nurses of the Brantford General Hospital Alumnae were the guests of the Florence Nightingale Club of Brantford at an evening bridge party which gave an opportunity to renew old friendships and to meet nurses who have come recently to the city.

DISTRICT 5
TORONTO

Wellesley Hospital: A tablet in memory of Miss Elizabeth Flaws has been erected in Wellesley Hospital. The tablet, donated by the Wellesley Hospital Alumnae Association, is inscribed: "In loving memory of Miss Elizabeth Flaws, first superintendent of the Wellesley Hospital, from August 27th, 1912, until her death. September 28th, 1926."

Toronto General Hospital: Some time ago, on the event of her 80th birthday, Miss Mary A. Snively, for many years superintendent of the Toronto General Hospital, was presented by the graduates of the school during her long regimé with a very fine radio set, a comfortable easy chair and a purse of gold, all of which

had been overwhelmingly subscribed to by her loving nurses. It is a great joy to them that she is so well in health, so interested in life, and that she bids fair to enjoy these gifts for many years to come. In addition the Alumnae, of which Miss Snively is the Hon. President, presented her with a beautiful cane and a hand-bag.

The additions to Wards "A," "B" and "H" have been opened and those to the other wards are rapidly nearing completion.

Grace Hospital: The Alumnae held their annual meeting on April 10th and the following officers were elected: President, Mrs. Gray; first vice-president, Miss A. Bell; second vice-president, Miss V. Hill; corresponding secretary, Miss Hendricks; recording secretary, Miss Dewar; treasurer, Miss R. Garrow.

On April 27th the Alumnae entertained the graduating class of 1928 at a dinner and dance at the Lambton Golf Club. A large number of members of the Association and of the hospital staff, and doctors and their wives, were present. Bridge was provided for those who did not wish to dance and the evening proved a most delightful one.

Miss Goodman attended the annual meeting of the R.N.A.O. at Chatham as a delegate from this Alumnae.

DISTRICT 8
OTTAWA

Sixteen nurses were present from District No. 8 at the annual meeting. R.N.A.O., held in Chatham in April. The various hospitals and alumnae associations were represented, together with the private duty section, graduate staff of the Ottawa Civic Hospital, student body of the Ottawa Civic Hospital, and the Victorian Order of Nurses for Canada.

Recently Miss Hallowes, of the College of Nursing, London, England, who is visiting the United States and Canada on a Rockefeller Foundation Fellowship, spent several days in Ottawa. While there Miss Hallowes was shown through the Ottawa Civic Hospital and had lunch with Miss Gertrude Bennett, superintendent of nurses. The following day Miss Ahern, director of Nursing for the Metropolitan Life Insurance Company, entertained the visitor at lunch at the Canadian Head Office. Later a tour of the Ottawa General Hospital was arranged, after which the Sisters served tea.

Miss Elizabeth L. Smellie, chief superintendent of the Victorian Order of Nurses for Canada, entertained at dinner at the Chelsea Club in honour of Miss Hallowes.

Ottawa Civic Hospital: The commencement exercises of the School of Nursing of the Ottawa Civic Hospital were held on the afternoon of May 2nd. Fifty-one nurses received their diplomas, this being the largest number to graduate since the opening of the hospital in 1924.

Mr. D. M. Finnie, chairman of the Board of Trustees, who presided, referred to the increasing importance of the hospital in the city of Ottawa, and said that credit for this was due largely to the splendid work of the superintendent of nurses, Miss Gertrude Bennett, and her assistants. Flowers were presented to Miss Bennett by the graduating class. The diplomas were presented by the chairman of the board, and the pins by Miss Bennett. The congratulations of the medical board were tendered by Dr. T. H. Leggett. Dr. John A. Amyot, Deputy Minister of the Federal Department of Health, stated that the nurse of today must understand and apply the principles of preventive medicine and expressed his belief that the best basic training for her work is that of a hospital school such as the Ottawa Civic Hospital.

The guests were entertained for tea at the Nurses' Home. The intermediate class entertained the graduating class at dinner at the Chateau Laurier and a graduation dance was held in the Nurses' Home.

Several days previous to this eventful day the members of the graduating class were the guests of Dr. and Mrs. T. H. Leggett at a performance of the Cleveland Symphony Orchestra.

QUEBEC
MONTREAL

Children's Memorial Hospital: Graduation exercises of the Training School for Nurses were held in the school building on April 20th. Dr. H. B. Cushing presided and Dr. L. M. Lindsay addressed the graduates. Eleven nurses were presented with their pins and diplomas by Miss A. S. Kinder, superintendent of nurses, assisted by Mrs. Tait, the first graduate of the school. A nurse's kit of instruments was presented by Dr. F. P. Yorston to Miss Madeline Flanders and Miss Veronica Ford, first and second highest standing.

Following the formal exercises a social hour was spent by the nurses and their guests.

The annual graduation dance was held in the school building on the evening of graduation day.

On April 14th the Alumnae held their third annual dinner, given in honour of the graduating class, in the Mount Royal Hotel. About fifty members and guests were present and a most enjoyable evening was spent.

Miss Jean C. Bancroft, 1927, has accepted the position of supervisor of the Infant Ward, relieving Miss Mabel Wight, who is on an extended vacation in Ontario.

Miss Dorothy Osmond, 1921, has been appointed superintendent of the Shriners' Hospital, Springfield, Mass.

The Alumnae have appointed Miss Ethel Hillyard as delegate to attend the Biennial Meeting of the Canadian Nurses Association, to be held in Winnipeg in July.

Montreal General Hospital: Miss Kate M. Wilson is spending the summer with her parents in Perth, Scotland.

Miss Olive MacKay has accepted the position of lady superintendent of Miramichi Hospital, New Castle, N.B.

Miss Ida Cooper, who has charge of the Reception Hospital at Saranac Lake, is holidaying at Montreal and Boston.

Misses Shirley Bowen, 1922; M. G. Martin, 1921, and Margaret Gillies, 1927, have joined the ranks of the V.O.N. in Montreal.

Miss Vera B. McLeod, 1927, has accepted a position as night superintendent of the Shriners' Hospital, Montreal.

Miss C. V. Barrett, superintendent of nurses, Royal Victoria Maternity Hospital, is representing the Montreal Graduate Nurses Association at the National Convention, C.N.A., and Miss Mabel K. Holt, superintendent of the Montreal General Hospital, representing that hospital.

Mrs. Lucille Dow, who has been engaged in private duty work at Mt. Claire, N.J., during the winter, is visiting Miss Elizabeth Ross, superintendent of Olean General Hospital, Olean, N.Y.

Miss Isabel Cox, 1927, who has been doing private duty nursing in Daytona, Fla., has returned to Montreal, where she is carrying on the same work.

At the April meeting of M.G.H.A.A., Dr. A. G. Bazin gave a very interesting address on the nursing situation in Canada, as it confronts the joint study committee of C.N.A. and C.M.A.

An error in M.G.H. items of April number of magazine which mentioned Miss Katherine Mills, 1928, as assistant instructor at Victoria Jubilee Hospital, should have read, at Montreal General Hospital.

The sympathy of the members go out to Miss M. M. Pharaoh in the loss of her father.

Miss H. Carmen, in company with relations, also Mr. and Mrs. Whitall (Nellie Clayton), sailed the first of April to make extended visits in Europe.

Miss F. E. Strumm, assistant superintendent of nurses, Montreal General Hospital, gave an At Home in honour of Miss Holt, to about one hundred guests, at the Nurses' Residence, where a very enjoyable afternoon was spent.

Misses Kathleen Turner, 1927; Dorothy and Louise Shepherd, 1928, and Juana McCosh, 1926, are engaged on floor duty at M.G.H., the latter returning after six months' visit to her home in Scotland.

Misses Briggs and MacCallum, who for several years have been in charge of a rooming house and tea room at Compton, P.Q., have been most successful in their enterprise and are sometimes visited by nurses for rest from duty.

Miss Hattie P. Tanner, 1925, is supervisor of the medical floor in Ottawa Civic Hospital.

Western Hospital: Miss Marian Nash has been elected delegate to the Biennial Meeting of the Canadian Nurses Association, 1928. Miss Nash plans to extend her trip to the Pacific Coast.

Miss Florence Gordon has accepted a position as assistant in the operating room of the Western Division of the Montreal General Hospital.

Misses Grace Munro and Elsie Brain returned early in May from Bermuda, where they had been doing private duty nursing since January, 1928. Miss Brain returned to her home in Newfoundland. Misses Edna Bates and Freda James were engaged in private duty nursing in Bermuda during the winter months.

The Alumnae members regret to hear of the death of Dr. Grant Stewart and Dr. James Perrigo.

Royal Victoria Hospital: Miss Winifred MacLean, 1923, has been appointed Superintendent of Soldiers' Memorial Hospital, Campbellton, N.B.

Miss Jane Wheaton, 1924, has joined the Operating Room Staff, R.V.H.

Miss Annie Sutherland, 1928, has been appointed assistant to the night supervisor, Ross Pavilion.

Miss E. Currie, 1928, is in charge of Private Floor (Gynaecology) in the New Pavilion.

Mrs. Paice, of the Social Service Department, has been attending the Conference of Social Workers at Memphis, Tenn.

Miss Alice Gregory, 1924, has been appointed Superintendent of the Trail Tadanac Hospital.

Miss Mary Black, 1918, was a recent visitor in Montreal, and is now doing visiting nursing with the Metropolitan Life Insurance Co., at Hull, P.Q.

Miss Mary Roach, 1927, is assistant on third floor, Ross Pavilion, in place of Miss Margaret Matheson, who recently resigned.

Miss Allison Spriggs, 1925, is leaving shortly to spend the summer months in England and Scotland.

QUEBEC

Jeffery Hale's Hospital: On May 1st a dance was given in honour of the Class of 1928, and on the 2nd the Alumnae gave their annual dinner at the Chateau Frontenac, the graduating class being the

guests of honour. On May 3rd the presentation of diplomas and badges took place, each nurse receiving a bouquet of roses. A reception and concert followed. The names of the 1928 graduates are: Misses M. Louisa Adams, Nellie W. Bradley, Hannah M. Ford, Ellen H. Kezar, Ethel McCollum, Sarah A. McKeage, Cora F. Sillars, Marjorie E. Semple, Gertrude L. Steer, Frances C. Wilson.

Miss Charlotte Kennedy is recovering from quite a severe illness.

The members of the Alumnae extend their deep sympathy to Miss G. Mayhew in the loss of her father.

SHERBROOKE

Sherbrooke Hospital: The regular meeting of the Eastern Townships Graduate Nurses Association was held at the residence of Mrs. George MacKinnon on April 12th. After routine business was transacted refreshments were served and a very interesting meeting brought to a close.

Miss Helen S. Buck has returned from a pleasant holiday spent in Buffalo, N.Y.

Mrs. Adele Dyson, who has been supervisor of the Operating Room for the past three years, has resigned and is doing private duty nursing in Sherbrooke. Miss Verna Beane, formerly night supervisor, has succeeded Mrs. Dyson as supervisor of the Operating Room, and Miss Alice Lyster has been appointed night supervisor.

Miss Leila Messias has accepted a position on the staff of Dr. Nicholl's private hospital, Barton, Vermont.

SASKATCHEWAN

Regina General Hospital: The regular meeting of the Alumnae Association was held on May 8th at the home of Mrs. O. Vibert, twenty members of the Association being present. It proved to be a very interesting meeting and a great deal of business was discussed. Miss H. McCallum (president) read a splendid report of the annual meeting of the Saskatchewan Registered Nurses Association held at Moose Jaw during Easter week. The subject of the establishing of an Alumnae Scholarship was discussed. It was decided that the Alumnae undertake to build up a fund whereby every two or three years at least a scholarship might be offered to one of the members. The officers of the Association for the present year are: President, Miss H. McCallum; vice-president, Miss Goldsmith; treasurer, Miss J. Burrows; secretary, Miss M. J. Lythe.

V.O.N.: Miss Edna Harvey (Chipman Memorial Hospital, St. Stephen, N.B.) has been appointed to the position on the staff of the Victorian Order in Canso, left vacant by the resignation of Miss Margaret MacKinnon.

Miss Anna Stewart, Chatham General Hospital, has been appointed to the staff of the Victorian Order in Windsor, Ontario.

Miss Nellie Goddard, Victoria Hospital, London, has been appointed as second nurse on the Victorian Order staff of East York.

Miss I. Piché has resigned from the Victorian Order at North Bay.

C.A.M.N.S.—News Notes

BRITISH COLUMBIA

Victoria: The overseas nurses recently entertained Miss Margaret Macdonald, LL.D., R.R.C., formerly matron-in-chief of the Canadian Army Medical Corps Nursing Service, at a dinner and reception at the Empress Hotel. Proceedings opened with a minute's silence as a tribute to the sisters overseas who made the supreme sacrifice. Special reference was made subsequently in this connection to Miss McNaughton Jones, who passed away in France recently, near the scene of some of her wartime service. During dinner Sister Saunders, one of the very last of the undemobilized nursing sisters, now at Work Point Barracks Hospital, after a few words of welcome to Sister Macdonald, presented her with a water-colour painting of one of Victoria's beauty spots.

Rising to reply, Miss Macdonald was greeted with an enthusiasm which testified to the admiration and affection in which she is held by the nurses who served under her overseas, and who appreciate the manner in which she held her office and upheld the honour and dignity of the Canadian nursing corps, both overseas and during the many years of her service in Canada.

MANITOBA

Miss Lottie Storey, who has been superintendent of Wadena General Hospital since her return from overseas, is now residing in the city and is making a special study of electro-therapeutics.

Mr. and Mrs. B. Connor (N/S Alice M. Howard), of Edmonton, are receiving congratulations on the arrival of a son, Donald Francis, on April 11th.

The friends of Miss Martha Morkin, formerly of Winnipeg, extend deepest sympathy in her recent bereavement by the sudden death of her brother in Vancouver, B.C. Miss Morkin is now in New York doing public health nursing.

Miss Alice Stevenson, formerly of Tuxedo Military Hospital staff, who has been in New York for the past few years, returned to Winnipeg this week and has

accepted a position in the X-Ray department of the Winnipeg General Hospital for the summer months.

Miss Emily Parker, of the Nursing staff of the Winnipeg School Board, leaves early in July to conduct a party overseas under the auspices of the Pitman Tour Company, Montreal. Miss Parker will be pleased to hear from any of the Sisters or their friends who might wish to join her party. They will sail from Montreal on July 7th.

Miss Irene Barton, Deer Lodge Hospital, has been appointed a delegate from the Deer Lodge Hospital Branch of the Canadian Legion, B.E.S.L. to attend the Dominion Convention of the Canadian Legion in St. John, N.B., early in June.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

ALLEN—In April, 1928, at Montreal, to Mr. and Mrs. James Allen (Margaret McCammon, Montreal General Hospital, 1918), a son.

BATTLE—On April 6th, 1928, at Thorold, Ontario, to Mr. and Mrs. Leo Battle (Norma Grenville, Mack Training School, St. Catharines, 1916), a son.

CALDWELL—In April, 1928, at Iroquois, Ontario, to Mr. and Mrs. Herbert Caldwell (Eleanor Fowles, Western Hospital, Montreal), a daughter.

CALDWELL—On February 2nd, 1928, at Toronto, to Dr. and Mrs. William Caldwell (Effie Ingall, Wellesley Hospital, Toronto, 1920), a son.

CRYSDALE — On March 2nd, 1928, at Toronto, to Mr. and Mrs. John Crysdale (Marion O'Hara, Wellesley Hospital, Toronto, 1924), a daughter.

DUNNE—Recently, to Mr. and Mrs. L. Dunne (Gertrude Murphy, Ottawa General Hospital, 1919), a son (Lawrence Emmet).

HEPBURN — On April 4th, 1928, at St. Catharines, to Mr. and Mrs. Lawrence Hepburn (Jessie Buchanan, Mack Training School, St. Catharines, 1926), a daughter.

JANES—On April 22nd, 1928, at Toronto, to Dr. and Mrs. R. Janes (Lilly Kelly, Toronto General Hospital, 1921), a daughter.

LEBBETTER — On March 30th, 1928, at Yarmouth, N.S., to Dr. anl Mrs. Thomas A. Lebbetter (Florence S. Perry, Montreal General Hospital, 1914), a daughter (Eileen Therese).

LIPSEY—On April 26th, 1928, at Vancouver, B.C., to Mr. and Mrs. George Lipsey (Mary McDonald, Vancouver General Hospital, 1921), a daughter.

MacKAY—On April 10th, 1928, at Toronto, to Mr. and Mrs. MacKay (Dorothy Fortier, Toronto General Hospital, 1919), a son.

MARSHALL—On April 9th, 1928, to Mr. and Mrs. Marshall (Beulah Wright, Toronto General Hospital, 1921), a daughter.

PAISLEY—On April 25th, at Toronto, to Mr. and Mrs. Walter E. Paisley (Mary Stoddart, Grace Hospital, Toronto, 1922), a son.

SCOTT—On March 11th, 1928, at Grand Falls, Newfoundland, to Dr. and Mrs. Walter Scott (Anna Margaret McLeod, Montreal General Hospital, 1923), a daughter.

SILVERTHORNE—On April 18th, 1928, to Mr. and Mrs. G. Silverthorne (Nell Smith, Toronto General Hospital, 1921), a son.

SPICER — On December 7th, 1927, at Canning, N.S., to Dr. and Mrs. Stanley W. Spicer (Irene Thompson, Victoria General Hospital, Halifax, 1915), a daughter (Margaret Clark).

SWANN — On April 26th, 1928, to Mr. and Mrs. Swann (Louise Manchester, Toronto General Hospital, 1920), a daughter.

WAINE—On March 6th, 1928, at Prince Albert, Saskatchewan, to Mr. and Mrs. Louis J. Waine (Valletta M. Wagner, Holy Cross Hospital, Calgary, 1919), a son.

WEATHERSPOON—On March 28th, 1928, to Mr. and Mrs. T. Weatherspoon (Jessie McClure, Toronto General Hospital, 1916), a daughter.

WILLETT—On April 1st, 1928, to Mr. and Mrs. S. Willett (E. Battley, Regina General Hospital), a daughter.

YOUNG—On March 30th, 1928, at Quebec, to Mr. and Mrs. Charles Young (Irene Fellows, Jeffery Hale's Hospital, Quebec, 1918), a son.

MARRIAGES

ANDERSON—THOMAS—In March, 1928, S. Thomas (Brandon General Hospital, 1926) to James Anderson.

BARR — DUNCAN — Recently, Gladys Duncan (Brandon General Hospital, 1927) to Walter Barr.

BLONG—OATMAN—On April 28th, 1928, at Willowdale, Ontario, Evalena Oatman (Grace Hospital, Toronto, 1916) to Robert Charles Blong. At home—Toronto.

BRENNAN — McKAY — On April 24th, 1928, Bernadette Brennan to Henry McKay, of Ottawa.

CLEAVELAND — MacLEOD — On April 26th, 1928, at Middletown, Conn., Louise Frances MacLeod (Montreal General Hospital) to Harry Cleaveland. At home—Torrington, Conn.

ELLIOTT — LOUSON — On April 30th, 1928, in Montreal, Jean Skeoch Louson (Royal Victoria Hospital, 1925) to Dr. James Munro Elliott. At home—Quebec City.

FULTON—HENDERSON—On April 9th, 1928, at Stellarton, N.S., Isabel Vera Henderson (Royal Victoria Hospital, Montreal, 1925) to Allan Keith Fulton.

GREBBLE—LARTER—On March 11th, 1928, at Richmond, California, Violet Larter (Montreal General Hospital), of Toronto, Ont., to Frederick L. Grebble.

HIGGINS—LITTLE—Recently, Ida Little (Brandon General Hospital, 1926) to S. Higgins.

ROSS — GARDNER — In March, 1928, at Ottawa, Eleanor Ross (Ottawa Civic Hospital, 1927) to Charles Gardner, of Ottawa.

SMART—LEWIS—On May 12th, 1928, at Lachine, P.Q., Doris Ethel Lewis (Montreal General Hospital, 1926) to Allen C. D. Smart.

SMITH — MATHESON — On April 25th, 1928, at Quebec City, Elizabeth F. Matheson (Jeffery Hale's Hospital, Quebec, 1921) to Reidy Smith, of Montreal, P.Q.

TYLER — SMITH — On February 18th, 1928, in New York City, Dorothy Smith (Wellesley Hospital, Toronto, 1924) to George Tyler.

DEATHS

DOOLEY—In April, 1928, at Halifax, N.S., Mrs. Dooley (Hazel Dalgleish, Jeffery Hale's Hospital, Quebec, 1917).

McKITTRICK—On April 3rd, 1928, suddenly, at Toronto, Ontario, Hazel McKittrick, formerly of the Victorian Order staff in Calgary and Toronto.

REICKER—On April 12th, 1928, at Boston, Mass., Hazel Reicker (Chipman Memorial Hospital, St. Stephen, N.B., 1926).

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Annual Meeting Registered Nurses Association, Nova Scotia, Yarmouth, June 5, 1928.

Annual Meeting New Brunswick Association of Registered Nurses, St. Stephen, June 19-20, 1928.

Annual Meeting, Canadian Public Health Association, Winnipeg, October 11-13, 1928.

Biennial Meeting, American Nurses Association, Louisville, Ky., June 4-9, 1928.

Annual Meeting, International Catholic Guild of Nurses, Cincinnati, Ohio, June 18-22, 1928.

Annual Meeting, American Public Health Association, Chicago, Ill., October 15-19, 1928.

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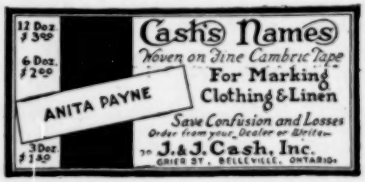

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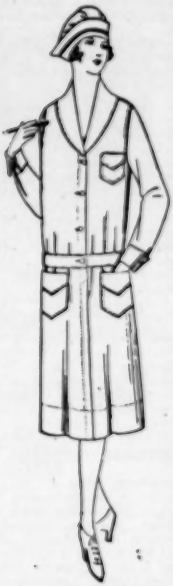

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